#### FOR STATE HEALTH DEPT.

TO CTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If of the control of the certificate withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the control director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PMS. Page 5 may be retained for your files.

TO FUNEAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or remarking, or rist designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

16

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1004 MEDICAL EXAMINER'S Item 8 Film G254 CERTIFICATE OF DEATH

00386 Reg. Dist. No.

	Market and the second			
O. STATE		ed lived. If institu	ution: Residenc	ce before admission)
Piety		orate limits, write		Arundel jive neorest town)
Davi	dsonvi	11e	02 X	2
d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
. Post	Offic	e		YES NO
ARR TMG	4. DATE OF DEATH		_	Day Year
8. DATE OF BIRTH	1935	9. AGE (In years		EAR IF UNDER 24 HRS.
April 14.	14936	24 yrs.	Months Do	ays Hours Min.
DUSTRY 11. BIRTHPLACE (Sto			12. CITIZE	N OF WHAT COUNTRY
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se of Skull	erush	ed cher	st.	
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se of Skull				(a) 19. WAS AUTOPSY
se of Skull				(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
se of Skull	MINAL DISEASE	CONDITION GIV		PERFORMED?
SE OF Skull  OUT NOT RELATED TO THE TER  D. (Enter noture of injury in Pa	MINAL DISEASE	CONDITION GIV of item 18.)	VEN IN PART I	YES NO NO
D. (Enter noture of injury in Proceedings of the North Related to the term.)	MINAL DISEASE Out 1 or Part II of	CONDITION GIV of item 18.)	VEN IN PART I	YES NO C
BE OF Skull  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in P.  COllided W.  PLACE OF INJURY (Home, for foctory, street, office bldg., e)	ort for Port II c	CONDITION GIVE of item 18.)  Xed ob a containing to the containing to the containing the contain	Jeet (Count	PERFORMED? YES NO X  culvert) (S101y)
BE OF Skull  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in P.  COllided W.  PLACE OF INJURY (Home, foctory, street, office bldg., eentral Ave	ort for Part II of the firm. 20f. (City fee.)	condition gives it. Pleas	Ject (Count	PERFORMED? YES NO
BE OF Skull  BUT NOT RELATED TO THE TER  D. (Enter noture of injury in P.  COllided W.  PLACE OF INJURY (Home, for foctory, street, office bldg., e)	ort for Port II of the Figure 1 20f. (City fic.) Sea	condition gives if item 18.)  xed ob a contain to Please spection X.	Jeet (Count	PERFORMED? YES NO X  Culvert) Y) (Sloty)  Tin Geo C
D. (Enter noture of injury in P.  Collided w.  PLACE OF INJURY (Home, for foctory, street, office bldg., eentral Ave	ort for Part II of the file.  1th file.  20f. (City fic.)  Sea	condition gives if item 18.)  xed ob a contain to Please spection X.	Jeet (Count	PERFORMED? YES NO X  Culvert) Y) (Sloty)  Tin Geo C
D. (Enter noture of injury in Proceedings of Skull  D. (Enter noture of injury in Proceedings of Skull  PLACE OF INJURY (Home, for foctory, street, office bldg., entral Aveabove, held an Autagnt  Suicide [],	minal disease ort i or Port II o  ith fi  irm, 20f. (City ic.) Sea  osy, in  Homicide  EXAMINER ICAL EXAMINER	condition Given 18.)  xed ob to for fown)  t. Please spection X.  Undete	Ject (Count In Part I I I I I I I I I I I I I I I I I I I	PERFORMED? YES NO X  Culvert) Y) (Sloty)  Prin Geo C X, and in my
D. (Enter noture of injury in Proceedings of Skull  D. (Enter noture of injury in Proceedings of Skull  PLACE OF INJURY (Home, for foctory, street, office bldg., entral Aveabove, held an Autapant Suicide , ASSISTANT MEDICAL ASSISTANT MEDICAL	ort for Port II of the Firm. 20f. (City fic.) Sept	condition given 18.)  xed ob the property of t	Jeet (Count Inquiry	PERFORMED? YES NO X  CULVERT) YING GEO C  X. and in my onner D  DATE SIGNED
D. (Enter noture of injury in Port of the Collided W.) PLACE OF INJURY (Home, for factory, street, office bldg., entral Ave. above, held an Autapant Suicide , Chief Medical Assistant Medical Assistant Medical (OR CREMATORY	ort for Port II of the Firm. 20f. (City fic.) Sept	condition Given 18.)  xed ob to for fown)  t. Please spection X.  Undete	Jeet (Count Inquiry	PERFORMED? YES NO
	o. STATE Mary c. CITY OR TOWN Davi d. STREET ADDRESS POST Lost ABRIMS 8. DATE OF BIRTH April 14, DUSTRY 11. BIRTHPLACE (SEC P Davidso 14. MOTHER'S MAIDEN Madelin 17. INFORMANT Mr. Issiah	o. STATE Maryland c. CITY OR TOWN (If outside corp  Davidsonvi d. STREET ADDRESS  Post Offic  Lost ABRIMS DEATH April 14, 1938 DUSTRY 11. BIRTHPLACE (Stote or foreign corp Davidsonville 14. MOTHER'S MAIDEN NAME Madeline Roll 17. INFORMANT Mr. Issiah Abrims	o. STATE Maryland b. COUNT C. CITY OR TOWN (if outside corporate limits, write  Davidsonville d. STREET ADDRESS  Post Office  Lost ABRIMS DEATH Jang April 14, /926 April 14, /926 Post Office  Lost April 14, /926 April 15, April Apr	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and general and genera

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1083 CERTIFICATE OF DEATH

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V	U	U	0	9

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Phinee Freusises MARYLAND	o. STATE STATE DO B. COUNTY HAS Montion
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Adelphi- helval gmos.	Dilver Spring 15562
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Paint Bhanich Nubsing Home	4/05-FILMORNE IG S. YES NO ET
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ANNIC JOSEPH:	No Bailey DEATH 1 14 1966
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Massel 1.1866 93. yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Scanstres (KEIRED) PULAMAN COLK	RIWash, II.C. 915, F
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Kenkally	Bhid gette Frant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. It	NFORMANT Address
No NONE NONE NI	Irsing Home Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Premionia	bronehial, bilatered 3-4 Large.
420,0 DUE TO M 0.10	814 1-21
Conditions, if any, which) (b) blenerealinger de	lubby arteriocelerate a low years.
gave rise to immediate couse (a), stating the under-	
lying couse lost. (c) Neur disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO M
	D. (Enter nature of injury in Port I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a.m.  P. m.  While Not while for work of work	rory, sneer, office plag., etc.)
21. I certify that I attended the deceased from Jan	
alive on 149 cm 1, 19 GO, and that death	
(E) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE WISH Estarmon	MD. 9301 COLCBVILLE RD 1/1/60
PHYSICIAN'S ERNEST E. 1-HARMAN	51Lien SPRING HZD
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
BEMOVAL (Specify) //8/1960 NT. COLIVE	7 Com WASHINGTON, DC.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
W.W EHMABERS 6 51/-11	DATEJAN 21 '60 arthur S. Kraus

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

PLACE OF DEATH

ofter VOO removo DIRECTOR: e 3 should FUNERAL pode

Prince Georges Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Hvattsville Cheverly days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 3611 Jefferson St. Prince Georges General NAME OF 4. DATE Middle DECEASED Baker (Type or print) Minnie E. DEATH Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Female White WIDOWED T DIVORCED yrs. 10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) USEW 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' 18. CAUSE OF DEATH [Enter only ane couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year foctory, street, office bldg., etc.) WEDI g. m. While Nat while at wark ot work Dec. Jan. 21. I certify that I attended the deceased fram. alive an and that death accurred at ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 23. FUNERAL DIRECTOR'S SIGNATURE

b. Prince Georges e. IS RESIDENCE ON A FARM? YES NO Month Yeor 60 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Week PERFORMED? YES NO (County) (Stote) that I last saw the deceased 11:40 MARTON the causes and an the date stated abave. DATE SIGNED (State) REO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ariling S. Kraus

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VS A1S (4) 1SM 9/SB

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	CERTIFICATE OF DEATH

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		1185	IIIII	E OF DEAT	•		Reg. Dist. N	ło.	
1. PLACE OF DEATH			2.	USUAL RESIDENCE (V	here deceased live		Residence be	efore admiss	ion)
o. COUNTY Pri	ince George	S <sup>1</sup> M	ARYLAND	o. STATE Marv	land	b. COUNTY	Pr. Ge	eot s	
b. CITY OR TOWN ( RURAL and give r	(If outside corporate limits, v	vrite c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (II	outside corporote	limits, write RUR	AL ond give i	nearest town	1)
RURAL -Up	per Marlbor	o 39 ye	ars X	RURAL-Up	per Mar	lboro			
	ITAL (If not in hospital, give		1	d. STREET ADDRESS		III III		e. IS RES	IDENCE FARM?
_	Landing Roa	d	1	Route #2	, Upper	Marlbo	oro		NO 🗆
3. NAME OF DECEASED	First	Mi	iddle	Lost	4. DATE OF	Month		Day \	Yeor
(Type or print)	John	F. :	X.	Beall	DEATH	Janu	uary ?	26, 1	1960
5. SEX	6. COLOR OR RACE 7.	MARRIED MI NEVER MA	ARRIED 8. C	DATE OF BIRTH	9. 4		Months Doys	-	
Male	White w	DOWED DIVO	ORCED 1	Nov. 10,		74 yrs.	Months Doys	s Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (Sto	e or foreign countr	γ)	12. CITIZEN	OF WHAT C	OUNTRY
	Farming	Own Far	m	Maryla	nd		U.	S. A	
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME			- 100	
Richard	Wesley Bea	11		Tobith	a Taylo	r			
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES		NO. INFO	RMANT	Tall Li	Address	sar	ne as	
No			Mrs	Olive C	atherin	e Beall		ove.	
18. CAUSE OF DE	ATH [Enter only one cause	per line for (a), (b), and	(c).]				II.	TERVAL BE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	( Marie	on The	rombosio				2 /	DEATH
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Conditions, if c	any, which ) (b)	Molenos	clivate	20VA	Useas	4	5	2mx	5
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lying couse lost.									
PART II. OT	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		AUTOPSY RMED?
PART II. OT									NO Z
는 20a. ACCIDENT W	AS UNDERLYING [ 20b	. DESCRIBE HOW INJUR	RY OCCURRED. (F	Enter noture of injury in	Port I or Port II o	f item 18.)			
OR CONTRIBUTING	Y MEDICAL EXAMINER)								
	Y MEDICAL EXAMINER)	20d. INJURY OCCURRED		OF INJURY (Home, for	m, 20f. (City or t	own)	(Count	у)	(Stote
ZOc. TIME OF INJUI	RY Month, Doy, Year	While Not while		OF INJURY (Home, for	m, 20f. (City or 1	own)	(Count	y)	(Stote
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year	While Not while of work		OF INJURY (Home, for, street, office bldg., e	m, 20f. (City or the.)	/_			
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	RY Month, Doy, Year	While Not while of work ceased fram	June	, street, office bldg., e	26 fan	1960,th	at I last so	aw the d	ecease
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20c. TIME OF INJUI Hour o. m. p. m. 21. I certify !! alive on	RY Month, Doy, Year	While Not while of work ceased fram.	June hat death oc	, street, office bldg., e., 19 <u>55</u> , ta_4	M, from the	, 19_0,th causes and city or town, sta	at I last so an the da	aw the d	ecease l abave E SIGNE
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	RY Month, Doy, Year	While Not while of work ceased fram.	June hat death oc	, street, office bldg., e	M, from the	, 19_0,th causes and city or town, sta	at I last so	aw the d	ecease l abave E SIGNE
20c. TIME OF INJUI Hour o.m. p.m. 21. I certify the dive on	hat I attended the de	while Not while of work of wor	foctory  foctory  hat death oc	, street, office bldg., e., 19 <u>55</u> , ta_4	M, from the	, 19_0,th causes and city or town, sta	at I last so an the da	aw the d	ecease l abave E SIGNE
20c. TIME OF INJUI Hour o.m. p. m.  21. I certify the dive on	MEDICAL EXAMINER)  RY Month, Doy, Year  19  hat I attended the de  Control Robert B.  ON, 22b. DATE THEREOF	Sasscer,	foctory  foctory  hat death oc  M.D.	, street, office bldg., e	M, from the Address (Street, arlboro	, 1920,th causes and city or town, sto , Mary	at I last so an the da ore) land:	aw the do	ecease l abave e signe 26/6
20c. TIME OF INJUI Hour o. m. p. m.  21. I certify the dive on	MEDICAL EXAMINER)  RY Month, Doy, Year  19  hat I attended the de  Robert B.  ON, 22b. DATE THEREOF	Not while of work of w	hat death oc	, street, office bldg., e	M, from the ADDRESS (Street, arlb oro	, 1920, the causes and city or town, sto	at I last so an the da ote) land:	aw the destruction of the stated DATI 1/2	eceased abave E SIGNE
20c. TIME OF INJUI Hour o.m. p. m.  21. I certify the drive on	MEDICAL EXAMINER)  IRY Month, Doy, Year  19  hat I attended the de  Company of the company of th	Sasscer,	hat death oc	, street, office bldg., e	M, from the Address (Street, arlboro	, 1920, the causes and city or town, sto	at I last so an the da ore) land:	aw the destated DATE 1/2	abave E SIGNE 26/6

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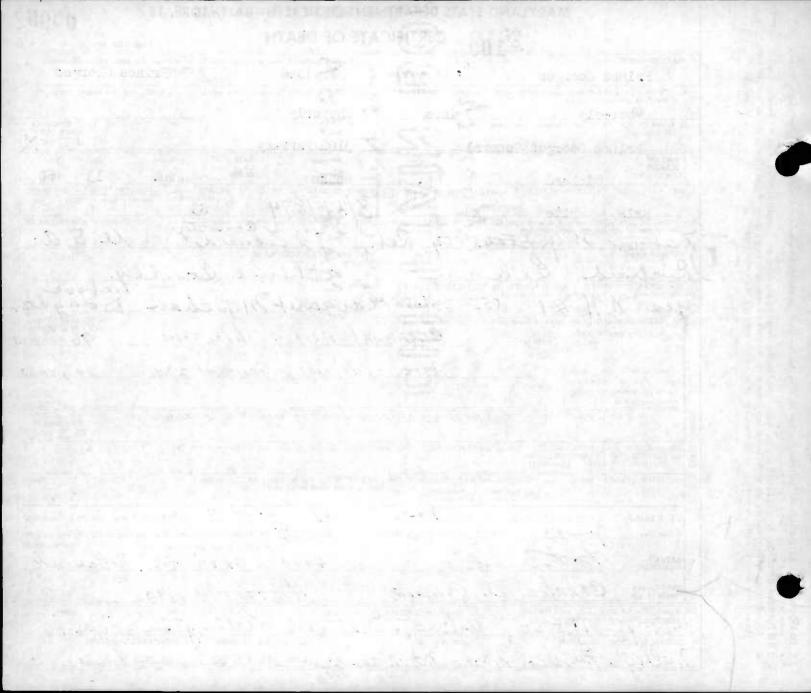
requires that the death certificate be executed

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Maryland Howard Tounty MARYLAND Prince George b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 13x-2 Cheverly Laurel /Days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince George General Hospital YES NO Leishear Rd. 3. NAME OF First Middle 4. DATE Manth Day Year DECEASED (Type or print) Baby Girl Reckdardt DEATH Jan. 30 1960 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Jan. 23,1960 Manths Haurs DIVORCED [ White WIDOWED [ Female yrs. Oa. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gilbert W. Beckdardt Deris Greenfield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mother Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark 21. I certify that I attended the deceased fram. Jan. 23 1960 to Jan 30 19 6 hat I last saw the deceased 1960 , and that death occurred at  $5P \bullet M$ , from the causes and an the date stated above. alive an Jan. ADDRESS (Street, city or lawn, state) ACTUAL 402 Main St., Laurel, Maryland PHYSICIAN'S NAME (Type 22a. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR GREMATORY (State) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS\* 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEFFR 8 '60

TO FUNERAL page VS A15 (4) 1SM 9/5

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			2000					Reg. Dist.	No.	
1. PLACE OF D	/	HILLCRE DEORGE	57 651%	MARYLAND	2. USUAL RESIDER	NCE (Where decease	ed lived. If institu b. COUNT		pefore admi	ssion)
b. CITY OR	OWN (If outsi	de corporote limits,	write c. LENGTI	OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write	RURAL ond give	nearest low	rn)
11/100	HINGTO	2/ 1	2.0		WA	5H1N67	ON	4-7 X	-3	
d. NAME O	HOSPITAL (IF	not in hospital, give	street oddress)	Test file	d. STREET ADD	4 .			e. 15 RE	SIDENCE A FARM?
5207	25th	MARKU	JAY		2629	30th	JT. S.	E -		NO
3. NAME OF DECEASED (Type or prin	n E	Fint L NA	ELIZ	Middle ABETH	BEHRI	4. DATE OF DEATH		onth /	Day	Year 1960
S. SEX	6. C	OLOR OR RACE 7.	MARRIED A NE	VER MARRIED	8. DATE OF BIRTH		9. AGE (In year last birthdoy)	IF UNDER 1 Y		
FEMA	LE 4	SHITE W	IDOWED [	DIVORCED [	APRILI,	1904	55 yrs		ys Hours	Min.
during mos	CUPATION (Gi of working lif	ve kind of work done, even if retired)	10b. KIND OF B		JSTRY 11. BIRTHPLACE	- 7	country)	12. CITIZE	OF WHA	T COUNTRY?
13. FATHER'S N		0411.			14. MOTHER'S M					
	IUR .	F. DAV.	15		ELV	19 6	BIRC.			
15. WAS DECE/ (Yes, no. or upkney		J. S. ARMED FORCES give wor or dates of service			INFORMANT IRS. MILDR	ED PHODE	520	, , , , ,	PARI	tes !
IB. CAUSE	OF DEATH	Enter only one couse	per line for (o), (	b), ond (c).]					NTERVAL B	
PAI	T I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o)	Cure	enome	e cfr	Cerr	en1		ONSET AND	ROLL
171	X	DUE TO		0 1	V				1	
	ns, if any, w		MOZ	tostel	nes to	5 pol	wien	cens	Tm	ou Et
	e to immed stating the un		0			-				
lying cou		(c)	Lee	uen.						
ZOG. ACCIL OR CONTR (IF EITHER,	II. OTHER SIG	GNIFICANT CONDIT	TONS CONTRIBUTI	NG TO BEATH BU	T NOT RELATED TO T	HE TERMINAL DISEAS	SE CONDITION G	IVEN IN PART 1(	PERF	ORMED?
E 20a. ACCIO	ENT WAS UN	DERLYING   20	b. DESCRIBE HOW	INJURY OCCURR	ED. (Enter noture of i	njury in Port 1 or Po	rt II of item 1B.)		163	] ио []
OR CONTR	IBUTING 🔲 CA	AUSE OF DEATH								
	FINJURY Mo	10	20d. INJURY OCC	rhile f	LACE OF INJURY (Ho octory, street, office b	me, farm, 20f. (Cit ldg., etc.)	y or town)	(Cour	(עווי	(Stote)
	p. m.		ot wark ot wo	17 -2	1		ic k	_		
	rify that I	attended the de	60	1	Q(	10	199	that I las	saw the	decease
alive an		00	1900,	and that deat	h occurred at		m the causes			
ACTUAL SIGNATUR	Da	wiel)	S. Han	don	м.в. 573	123	Street, city or town	Quero	re, S	ATE SIGNE
PHYSICIAN NAME (Ty						Cercelle	. 21,	0.		
220 BURIAL, C REMOVAL	(\$pecify)	26. DATE THEREOF	0 22c. NAM	AE OF CEMETERY	PECREMATORY	n De	TION (City, town,	or county)	(Sto	nel y
23. FUNERAL D	RECTOR'S SIG	ATURE /	ADDI	1 . 5-0	C+21,00 2	4a. REC'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGNA	TURE	1
dee	eun	eral Ho	me 30	944	DEO	ATE JAN 1 3	60 6	inthun 8. A	rough	

may be deby the haspital ar attending physician.

O FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filter this certificate has been signed by the attending physician and campletely filter to be so the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. s after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO FUNER

VS A15 (4) 15M 9/SS

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	Particular Account of the Contraction of the Contra
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CERTIFICATE OF DEATH

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ace before damission)
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give nearest tawn)
3
e. IS RESIDENCE
ON A FARM? YES NO T
Day Year
14 19 60
R 1 YEAR IF UNDER 24 HRS
Days Hours Min.
IZEN OF WHAT COUNTRY
iA
15-4-1-15-1-1
INTERVAL BETWEEN
ONSET AND DEATH
10 years
A PART LAND BY
1 1(a) 19. WAS AUTOPSY PERFORMED?
YES NO
Caunty) (State
ast saw the decease
e date stated obove
DATE SIGNE
1/11/60
7/14/00
(State)
ty, md.
GNATURE
8 Hours

TO HOSPI RATENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 4 may be field by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or remaval, and in ony event within 72 hours ofter death. VS A1S (4) 1SM 9/SB

NOTE OF THE CASE OF DEVIN The room to be a second to the second to 

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to regiter death. Page 1		INE STRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral director	e 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	
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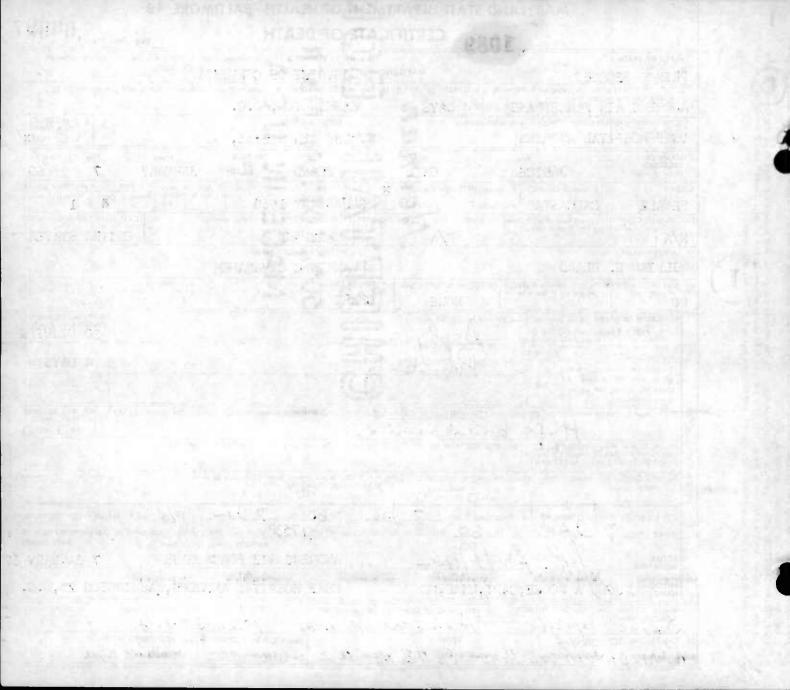
MARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMOR	E, 18
1065	CERTIFICATE	OF DEATH	0.

1065 CERTIFI	ICATE OF DEATH Reg. Dist. No. 11995
1. PLACE OF DEATH a. COUNTY Prince George MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Prince George
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	C. CITI OK TOTAL (II busine corporote limits, write kokas and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Laural General Hospital	605 Fairlawn Ave. YES T NO
3. NAME OF First Middle DECEASED (Type or print) Florence	Lost 4. DATE Month Day Yeor OF DEATH January 19 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVEL MARRIED NIVORCED DIVORCED	lost birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II	1 es. 10, 10/)
during most of working life, even if retired)  Registered Nurse	Virginia USA
13. FATHER'S NAME Buthalamen Besley	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give war or dates of service)	17. INFORMANT Address
(in yes, give war or cares or service)	Hospital Records
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	lospreumorcia interval Between ONSET AND DEATH
Conditions, if ony, which average (b) Carel	noone L. Long 14.
couse (o), stoting the under- lying cause last.	Vilener oscheroux 104
CCATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	URRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while at wark at work	e. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) (County) (State)
21. I certify that I attended the deceased fram. Q alive on 19 and that de	2, 1959 ta 1/19, 180, that I last saw the deceased eath accurred at 18
SIGNATURE & M. Warren	ADDRESS (Street, city or town, state)  M.D.  DATE SIGNED
PHYSICIAN'S John M. Warren, M.D. 305 Prin	nce George Street, laurel, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETER PROVIDENCE OF THE PROPERTY OF	In Curatury Calman Marca Mid
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Lawe	DATE AN 2 2 60 246. REGISTRAR'S SIGNATURE

	LUDG CERTIFICATE OF DEATH					
PROPERTY OF THE PROPERTY OF TH				on senten		
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		Art of the		Haragarine State of A

and the same of th	MARYLAN		ENT OF HEALTH—B. ATE OF DEATH	ALTIMORE, 1	0099
" / 5	PLACE OF DEATH  COUNTY RINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where dec		Reg. Dist. No.  Residence before odmission)
-	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		c. CITY OR TOWN (If outside of	corporate limits, write RU	RAL and give nearest town)
	NDREWS AIR FORCE BASE  1. NAME OF HOSPITAL (If not in hospital, give streen of the str	4 DAYS eet address)	d. STREET ADDRESS 4238 4th Street		e. IS RESIDENCE ON A FARM? YES NO IX
1	NAME OF First DECEASED Type or print)  JANICE	Middle GA IL	Lost 4. DA		n Day Year
5. S		ARRIED NEVER MARRIED 🕅	B. DATE OF BIRTH  3 JANUARY 1960	9. AGE (In years lost birthdoy) yrs.	Months Days Hours Min.
N	USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	$^{ m Ob.}$ kind of business or indu ${ m N/A}$	MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY
W	FATHER'S NAME ILLIAM R. BLAND		14. MOTHER'S MAIDEN NAME ANITA C CAVANA		
{Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (no, or unknown)   Ilf yes, give war or dates of service)		NFORMANT CHART	Addre	iss
	1B. CAUSE OF DEATH [Enter only one couse pe PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	r line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH 30 MINUTES
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under.	Renstruit.			4 DAYS
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION  CONTRIBUTING CAUSE OF DEATH	livub inemi z			N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor 20c Hour a. m. Wh	-1	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(City or town)	(County) (State
/	21. I certify that I attended the deceder of the property of t	cosed from 3 Jan 260, and that death	occurred at 1753P.M, fr ADDREWS AIR I	om the couses and SS (Street, city or town, s FORCE BASE	
4	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c, NAME OF CEMETERY CO HELINGTON ADDRESS	R CREMATORY NATIONAL 22d. H	OCATION (City, town, o PLINGTON () EGISTRAR 246. REGIS	r county) (Stote)  A .  TRAR'S SIGNATURE
05	CINALDI TUNGEAL HOI	ME 816 HBL NE	to 2 DATEJAN 11	160 and	hun S. Krama



er death. Page 4

ely filled in by the funeral directar, Pages 1 and 2 shauld be filed with

Then please remave carbon papers.

may be record by the haspital ar attending physician.

the registrar prior to burial, cremation, or remavol, and in any event within 72 haurs after death

2

page 3 should be detached far use as the burial-transit permit.

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 2

TO HOSPIT

VS A1S (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1008

**CERTIFICATE OF DEATH** 

Reg. Dist. No. () 0998

1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (W	,	b. COUNTY			sion)
Prince G	eorge If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			ince Ge		n)
RURAL ond give n			h		ilinis, wille k	DKAL ONG GIVE	neorest town	.,
Cheverly	TAI (16 1 :- 1 1 1 1 1 1	2 Days	// College Pa	rk				
OR INSTITUTION	TAL (If nat in haspitol, give stre	et oddress)	d. STREET ADDRESS				e. IS RES	FARM?
Prince G	eorge General	Hespital	8702 Rhed	es Islan	d Ave.		YES [	NO
3. NAME OF DECEASED (Type or print)	First	Middle	Lost Boone	4. DATE OF DEATH	Jan 27		/	Yeor 19 60
		RRIED NEVER MARRIED	8. DATE OF BIRTH		GE (In years	IF UNDER 1 YE		
s. sex Female		WED DIVORCED	Sept 21,1894	i le	65 yrs.	Months Day		Min.
during mont of wor		b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote Maryland	or foreign countr	γ)	U S	A A	OUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			100	
	John W. Abbr	ose	Minnie	E Harri	s			
	ER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	INFORMANT		Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of service)	214 10 2930 H	arvey E Boon	e Col	lege	Park, M	ld.	
	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Right h	1	Cum		C	NTERVAL BE	DEATH
Conditions, if o		ulluca	13 craphy	of fleer	cene	45 65EV	4 ca	0
gove rise to i couse (o), stating lying couse last.	the under- DUE TO		/ / /				/	
Z PART II. OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART 1(c		
\$ Q. yens 10	West hear	Chreen de	alkinh ble	esNor a	washie	alcer	B	RMED?
0		ESCRIBE HOW INJURY OCCURR	- //- //-	Port I or Part No	f item 18.)			
ZOC. TIME OF INJUS Hour o. m. p. m.	RY Month, Day, Year 20d Whi at w		PLACE OF INJURY (Home, farm factory, street, office bldg., etc	m, 20f. (City or t	own)	(Caun	ity)	(Stote
21. I certify th	nat I attended the dece	ased fram Jan	, 19 57, to J	an 27	1960	that I last :	aw the d	ecease
alive anIa		60, and that deal						
				ADDRESS (Street,				TE SIGNE
ACTUAL SIGNATURE	Ic hegen	aun	M.D. 4714/	elle L	ph fr	4967	1776	
PHYSICIAN'S NAME (Type)	Dr. Til Bergm	an, M.D.	7			1		
220. BURIAL, CREMATIC REMOVAL (Specify	22b. DATE THEREOF 1/30/60	Pt Lincoln		22d. LOCATION			(Stat	te)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGIS	STRAR'S SIGNA	TURE	
F Gage	hle Sone Hys	tteville Md.	OUT E	ED 1 160	0	71 - 0 4	w.	

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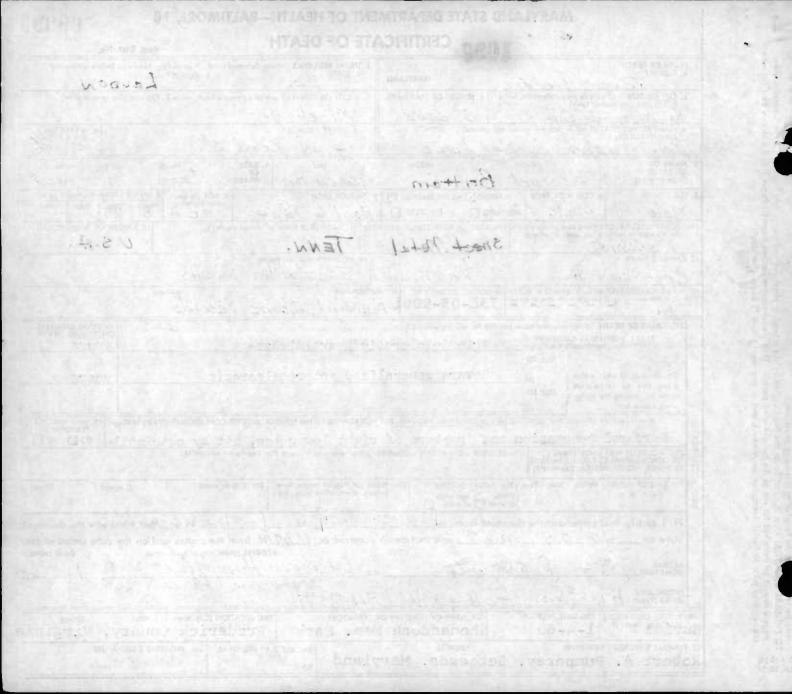
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

200	Diet	No	

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$\overline{}$		Keg. Di	ST. NO.
1.	PLACE OF DEATH  o. COUNTY  AMARYMAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY	ce befare admission)
_	Trince Georges MARYLAND		NOON
	CITY OR TOWN (If outside corporale timits, write RURAL and give nearest Jawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	NUVEL - Adelphi 5 days	Winchester 83x	3
	d NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Paint Branch Mursing Home	19 W Bond 5%.	YES NO
	NAME OF DECEASED (Type or print) Samuel Britain	Bowman de Death Jan,	Day Year
5. 5	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  Male  White Widowed Divorced	B. DATE OF BIRTH  Boy: 6 1889  9. AGE (In years lost birthday)  Magnhs 70 yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
00	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND		IZEN OF WHAT COUNTR
	Nachmist Sheet Metal	TENN.	1.5.A.
13.	Cecelius B. Bowman	14. MOTHER'S MAIDEN NAME Elizabely Binyon	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	NUTSING Home Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	BART I DEATH WAS CAUSED BY	tic heart disease	ONSET AND DEATH
	./ 0 0 0	tic heart disease	years
	7 600	Idead ambant at	
	gave rise to immediate	lized arterioslcerosis	years
	cause (a), stoting the under-		
7	lying cause last. (c)		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED3
₹	Cerebral concussion and fracture of	right lower leg, hit by automob	ile YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Not while of work at work	LACE OF INJURY (Home, form, 20f. (City or town) (cotory, street, affice bldg., etc.)	County) (State
	21. I certify that I attended the deceased fram. June 2	10 1 10 1 - 10 Colons	last saw the deceas
	10 2 10 - 5 9	1 111 = 0	
	dive different dear that dear	h'accurred at 1,021M, fram the causes and on t	
		ADDRESS (Street city or town state)	
	ACTUAL WATH DECLES	ADDRESS (Street, city or town, state)	S. DATE SIGN
	ACTUAL WITH Philpott	M.D. 6480 New Hampshere ar	e, 1-1-6
	PHYSICIAN'S WILLIAM HOWARD F	ADDRESS (Street, city or town, state)  M.D. 6480 New Hampshere an  Jakona Parla, n  H14P0 H	e. 1-1-6
220	PHYSICIAN'S WILL AM HOWARD FOR BURIAL, CREMATION, 226, DATE THEREOF 22C, NAME OF CEMETERY OF	M.D. 6480 New Hampshere and HILPOHI  OR CREMATORY 22d. LOCATION (City, town, or county)	DATE SIGN  L.   -   -
no Bu	PHYSICIAN'S WILLIAM HOWARD F	M.D. 6480 New Hampshere and HILPOHT  OR CREMATORY 22d. LOCATION (City, Jown, or county)	(Slote)
B1	PHYSICIAN'S WILL AM HOWARD FOR BURIAL, CREMATION, 226, DATE THEREOF 22C, NAME OF CEMETERY OF	M.D. 6480 New Hampshere and HILPO H  OR CREMATORY  Mem. Park  22d. LOCATION (City, town, or county)  Frederick County  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	(Slote) ty, Virgin



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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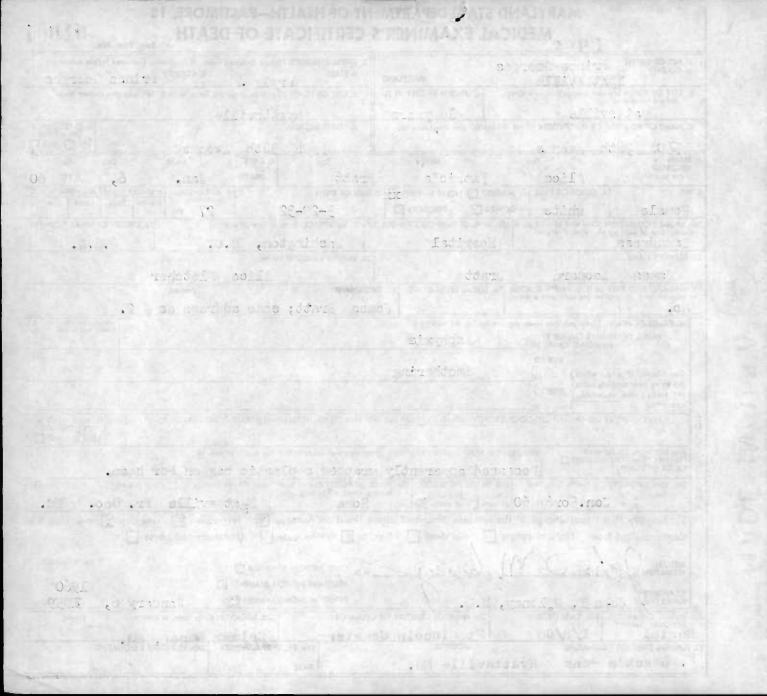
4434	Reg. Dist. No.
1. PLACE OF BEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)
Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince Geo's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Croom 10 yrs.	08 Croom
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  Croom Road  Croom Road  G. IS RESIDENCE  ON A FARM?  YES \( \sum \) NO [X]
Croom Road 3. NAME OF First Middle	
3. NAME OF First Middle DECEASED (Type or print) Lewis E.	Branson  4. DATE Month Doy Yeor DEATH January 13. 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In your IF UNDER 14EAR IF UNDER 24 HRS.
Male   White   WIDOWED   DIVORCED	Sept. 23. 1885 74 yrs. Months Days Hours Min.
IOg. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	
Tobacco Farming Own Farm	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Branson	Mary Craig
	INFORMANT Address Marlboro, Mc
	Mary V. Branson -Star Rt., Upper
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	A / INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ongesting hour tollene
442X DUE TO	
Conditions, if any, which) (b) Caraly	vosculas nenol des ous
gove rise to immediate cause	
(o), stoting the underlying DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT  20g. EXTERNAL CAUSE WAS CAUSE OF DEATH.	Enter nature of injury in Port I or Port II of item 1B.)
	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour o. m. While of work of work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ove, held on Autopsy , Inspection . Inquiry D, and find that
	icide , Homicide , Undetermined couse .
SIGNATURE COMEN IN JONE	CHIEF MEDICAL EXAMINER D
1	ASSISTANT MEDICAL EXAMINER Jan. 13, 1960
examiners James I. Boyd, M.D.	DEPUTY MEDICAL EXAMINER
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 1/16/60 Mt. Carmel	Cemetery Upper Marlboro Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Uppe	
Ritchie Bros.Funeral Home-Marlbor	O.Md. DATAN 19'60 Cirthur S. Frans

VS. A15ME(5) 5M 9/55

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VS. A15ME(5) SM 9/SS 01001

	11426							Reg. Dis	i. No.	
I. PLACE OF DEATH	Prince Geo	rges			2. USUAL RESIDENCE o. STATE	(Where deced				
	AND THE STATE OF T			YLAND	Ma	ryland		Y Princ		
b. CITY OR TOWN II	t outside corporate limits, write n)	RURAL C.	LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If autside co	rporote limits, write	RURAL and g	jive neare	st town)
Hyatt	sville		16 year	rs	G/ Hv	attsvi	lle			
d. NAME OF HOSPIT	TAL OR INSTITUTION (	f not in hospita	l, give street oddre	es)	d. STREET ADDRESS		ALC: ON THE			IS RESIDENCE ON A FARM?
5504 38	th Avenue				5504	38th	Avenue			S NO
3. NAME OF DECEASED	Firs	1	Middle		Last	4. DATE	Mant	1	Day	Year
(Type ar print)	Alice	Pa	tricia		Bratt	DEATH	Jan.	6		19 60
5. SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIE	D 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1		UNDER 24 HRS.
Female	white	WIDOWED [	DIVORCED		3-29-3	2	lost birthday) 27 yrs.	Months De	ays Ho	ors Min.
100. USUAL OCCUPATI	ON (Give kind af wark ong life, even if retired)	lone 10b. KIND	OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Sta	te or fareign	country)	12. CITIZE	N OF WI	HAT COUNTRY
Laundress		Hos	pital		Washing		D.C.		U.S.	A .
13. FATHER'S NAME					14. MOTHER'S MAIDEN				0 610 64	
James	Leonard	Brat	t			Alic	e Fletch	er		
15. WAS DECEASED EY	ER IN U. S. ARMED FOR	CES? 16. SO	TAL SECURITY NO.	. 17. IN	FORMANT		Address			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Jar	nes Bratt:	same	address a	s # 2.		
	TH [Enter anly one caus	se per line far	(o), (b), and (c).					11 10	INTERVAL	DETWEEN
	TH WAS CAUSED BY:		Asphyxia						ONSET AN	D DEATH
070	IMMEDIATE CAUSE (a)		WohillyTe							
717X	DUE TO		Smotheri							
Canditians, if a			Puro cust. T	II.R						***************************************
(a), stating the										
cause last.	) (c)_									
PART II. OT	HER SIGNIFICANT COND	DITIONS CONT	RIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART I	1(o) 19. W PE YES	ERFORMED?
20a. EXTERNAL CA PRIMARY 20 ar CO CAUSE OF DEATH.	USE WAS	b. DESCRIBE HO	OW INJURY OCCU	RRED. (En	ter noture of injury in P	art I ar Port I	I af item 18.)			THE STATE OF
	D	eceased	apparent	tly v	rapped a pi	lastic	bag on h	er hea	d.	
S 20c. TIME OF INJU	RY Month, Day, Yea	r 20d. INJU	JRY OCCURRED 2	20e. PLAC	E OF INJURY (Hame, fa	rm, 120f. (Ci	ly or town)	(Cauni		(Stote)
20c. TIME OF INJU		60 While	Nat while	tocto	ry, street, affice bldg., e Home	Her	attsville	Pr.	Geo.	Md.
	hat I taak charge			d abay			Inspection X,			nd find that
	fram: Natural		Accident		ide 🕅 Hamicio		Indetermined of		121, 0	io illia illa
dealli resolite	/ / / /	,	A COIDCIII L	, 5010	ide Mi, Hallicie	ле <u>Г</u> , с	indesermined C	dose		
ACTUAL ()	1.	MAN /	h		CHIEF HEDICAL	EVALUED C			DA	ATE SIGNED
SIGNATURE	Jun !	11/24	mey		M.D. CHIEF MEDICAL					-
EXAMINER'S			()		ASSISTANT MEDI					1960
	ohn T. M.lo				DEPUTY MEDICA		U 12	nuary	6,	REGER
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO		. NAME OF CEMET			22d. LOC/	ATION (City, tawn,	or county)		(State)
Burial	1/8/60	F	t Lincol	n Ce			mar Mano	r. Md.		
23. FUNERAL DIRECTOR	4.4		ADDRESS			C'D BY REGIS	TRAR 24b. REGI	TRAR'S SIGN	IATURE	
F. Gasch	s Sons H	yattsv	ille Md.		DATE	IAM O	100	11 . 9 .	4	



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FUNERAL DIRECTOR:

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VS A15 (4)

15M 9/58

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The same of the sa Indicate County and the first term of the county and the county of the c adring the same SI A DI-VI-S Plujekaak Ad 35.50 THERES SECTIONS IN THE COURSE HALL STORE SERVED IN STAN and the day of the same of the same of The Soll bedones of the first the solling of the so

FOR STATE HEALTH DEPT.

TO DEPUTY MF2ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pessary, please execute the ficate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funery Strector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board af Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1092MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01003 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Prince G	eorge	MARYLA		USUAL RESIDENCE		ved. If institut b. COUNTY	70 4	ore odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits, write RURAL c. LENGTH OF STAY IN 16 and one of the corporate limits and corporate limits and c. LENGTH OF STAY IN 16 and one of the corporate limits and c. LENGTH OF STAY IN 16 an					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS I Chew	Road			e. IS RESIDENCE ON A FARM? YES X NO
3.	NAME OF DECEASED (Type or print) John William Bro					Lost	4. DATE OF DEATH	Month Jan	93	Yeor 19 60
5.	SEX	The second second	7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH	9. A	GE (In years at birthday)		IF UNDER 24 HRS.
	Male	Negro	WIDOWED	DIVORCED [	00	t. II,	and and and the	85 yrs.	Months Days	Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farming  Farming					1. BIRTHPLACE (Stot	e or foreign counts  Marvl		12. CITIZEN OF	WHAT COUNTRY?
1:	FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
	Richard Brown					Jane Fobbs				
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTDaughter Address Upper									
	No. Elizabeth P. Brown Malboro, Md.									
	Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse last.  (b) Cardrovas cular renal classical DUE TO  (c) Conditions of the underlying course last.									
CERTIFICATION	PART H. OT		DITIONS CON	STRIBUTING TO DEATH I	BUT NOT R	ELATED TO THE TERM	MINAL DISEASE CO	INDITION GIV		P. WAS AUTOPSY PERFORMED? TES NO P
		NTRIBUTING -	6. DESCRIBE	HOW INJURY OCCURRE	D. (Enter r	ature of injury in Pa	ort I or Part II of It	em 18.)		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yee	While	JURY OCCURRED 20e. Nat while at work	PLACE OF	INJURY (Home, far reet, office bldg., et	m, 20f. (City or fi	own)	(County)	(Stote)
	21. I certify that I taok charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL									
	REMOVAL (Specify Buriel	227.60	21	Mt. Carmel		tery,	Upper 1	Warlbor	o, Maryl	The second secon
2	L'HERAL DIRECTOR	X JIM W	ure	1820 -	NA	7 (1) 240. REC	AN 26 60	and .	TRAR'S SIGNATUR	

TOP MEDICAL EXAMINER'S CERTIFICATE OF DEATH THE RESERVE A PROPERTY OF THE PROPERTY OF THE PARTY OF TH 0.000 100 miles And the sel throughout the selection of the selection of

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OR INSTITUTION CHEROLL MANOR 4922 LASALES, 821 She RIDAW STREET Y  3. NAME OF First Middle Lost 4. DATE Month Day	Heory
RURAL and give necrest town)  Hyattsville  d. NAME OF HOSPITAL (If not in hospital, give street address)  CARROLL MANOR 4922 LASALSS, 8215heRIDANSTREET  V  3. NAME OF  First  Middle  Lost  4. DATE  Month  Day	IS RESIDENCE ON A FARM? (ES NO 1)
OR INSTITUTION CARROLL MANOR 4922 LASALZE, 8215heRIDAN STREET  North Day  3. NAME OF First Middle Lost 4. DATE Month Day	ON A FARM?
	Year
TOSEPH BROWN OF DEATH JANUARY 10	19/06
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthdoy)   Months   Days   7.5 yrs.   7 20   19   19   19   19   19   19   19   1	UNDER 24 HR daurs Min.
10a. USUAL OCCUPATION (Give kind of work done of the life of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W HOUSE WIFE HOME BALTIMORE MD. 21. S.A.	'HAT COUNTR'
13. FATHER'S NAME  MR. MORRIS  14. MOTHER'S MAIDEN NAME  JOSEPHINE Mª DEC	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) None None None	Lieh
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19.	AL BETWEEN AND DEATH
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBUTING  OR CONTRIBUTI	ES NO [
20c. TIME OF INJURY Month, Doy, Year Pour 20d. INJURY OCCURRED Hour o.m. p. m.  19  20c. TIME OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(Sto
21. I certify that I attended the deceased from Alfeld 1957, to 1950, that I last saw to alive an Actual Boundary M.D. 1950, and that death accurred at 155M, from the causes and an the date so ACTUAL SIGNATURE AND BOUNDARY M.D. 103 & TANY STORY S	
NAME (Type) \( \frac{1}{1} \) \( \frac{1} \) \( \frac{1}{1} \) \( \frac{1} \) \( \frac{1}{1} \) \( \frac{1}{1} \) \( \frac{1}{1} \) \( \frac{1}{1} \) \( \frac{1} \) \(	(Stote)
DUTTAT 1/13/60 St. Marys Cemetery Washington, D.C.  23. FUNERAL DIRECTOR'S SIGNATURE 2901 ADDRESS St. N.W. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

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CONTRACTOR OF THE PROPERTY OF Crimer Corner Learning ALS THE PROPERTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1SM 9/58

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

PERFORMED?

YES K NO

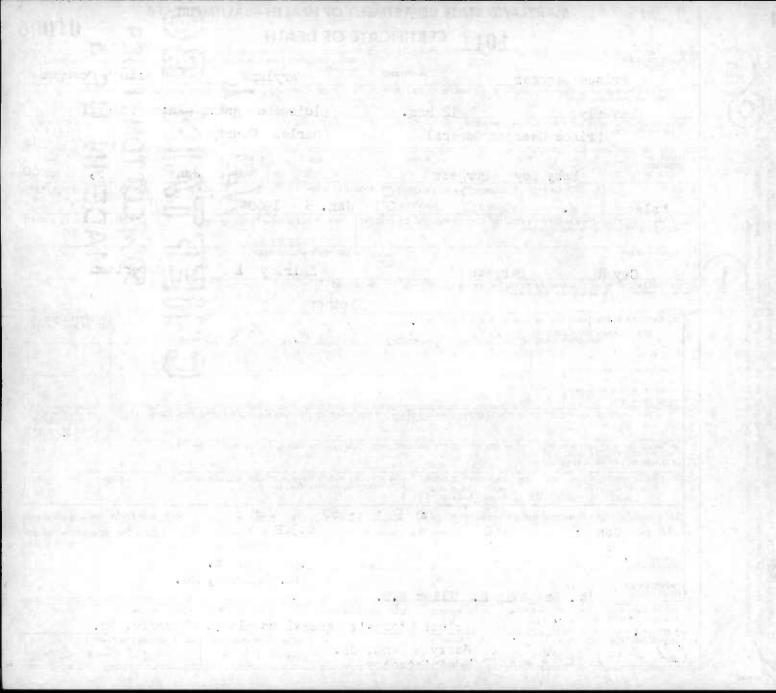
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1066 CERTIFICATE OF DEATH

Reg. Dist. No.

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7	X	
1	M	)

as been signed by the attending physician and campletely filled in by the funeral director, intransit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with and in any event within 72 haurs offerdeeth.

equires that the death certificate be executed within 24 ha

HOSPITAL AS ATTENDING PHYSIC nay be refered by the hospital or en FUNERAL DIRECTOR: After this centage 3 should be detached far use ex he registrar priar ta burial, cremat

2		10	0.
1	S 5N	A15	(4) SS

1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)     STATE
Prince George MARYLAND	Maryland Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Laurel	O / Laurel
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
Laurel General Hospital	918 Phillip Powers Drive YES X NO 1
3. NAME OF DECEASED First Middle	Last 4. DATE Month Doy Yeor
(Type or print) Harry , Car	rpentar DEATH January 17 19 60
	B. DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 5, 1913 46 yrs.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Self-employed cartraiter	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME CETTE
Claud M. Carpenter	toth It Bess Oto
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. OCIAL SECURITY NO. 17. IN	FORMANT Address
200-175	Hospital records
18. CAUSE OF DEATH [Enter only one couse por The for log libe and the	O C INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Le Home Joseph WK
DUE TO	10700925
Conditions, if ony, which) (b) Wereel	and Tike Illation 1 Monet
gove rise to immediate During	to the contract of the contract
lying couse lost.	2014.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PED ORMED?
[3]	YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	). (Enter nature of injury in Part I or Part 11 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
10 White The Miles	tory, street, office bldg., etc.)
p. m. '' of work of work	
21. I certify that attended the deceased fram.	, 1957, to 17, 1960, that I last saw the deceased
alive on 10/2 19/00, and that death	accurred at 7 4 M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, state)  DATE SIGNED
ACTUAL AND MALE AND ALLERA	
SIGNATURE	λ.O
PHYSICIAN'S J. M. WARREN	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d JOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Nell Ill Named an Ramel	Med DATES 22160 Living S. Kraus

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1093	CERTIFICATE	OF	DEATH

Reg. Dist. Nd.) 1009

1. PLACE OF DEATH				SUAL RESIDENCE (Wh			Residence befo	ore admissi	ion)
a. COUNTY Pri	ince George	S MA	RYLAND	Maryl Maryl	and b	. COUNTY	Pr. Ge	018	
b. CITY OR TOWN (	If outside corporate limits, v		AY IN 1b c.	CITY OR TOWN (If o	outside corporate lin	nits, write RUR	AL and give ne	arest town	)
RURAL ond give n	er Marlbor	o Life	X	RURAL-Up	per Mar	lboro			
	TAL (If not in hospital, give			. STREET ADDRES	x 164	Ros	ad	e. IS RESI	DENCE FARM?
	d"-Clagett	Landing R	oad "	lood-Land	"-Clage	tt La	nding		NO 🗌
3. NAME OF DECEASED	First	Midd	dle	Jpper Mar		Month	D	ay Y	rear .
(Type or print)	Jose	ph Sam	uel	Chaney	OF DEATH	Jai	nuary	30 1	9 60
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MAR	RIED B. DAT	E OF BIRTH	9. AG		Aonths Days		
Male	White w	DIVOR	CED Aug	3. 22, 18	388 7		Aonths Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	e 10b. KIND OF BUSINESS	OR INDUSTRY	1. BIRTHPLACE (Stote	or foreign country)		12. CITIZEN O	F WHAT C	OUNTRY
Tobacco		Tenent		Maryland			U.	S. A	
13. FATHER'S NAME			14.	MOTHER'S MAIDEN N	NAME				
Joseph S	amuel Chan	ey		Mary Reb	eccah F	oust			
	R IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY N	NO. INFORM			Addres	same	as T	tem
No	(if yes, give war or adies or service		Mrs.	Ella Mae	Chaney	_	0 4	w.D	0 0111
Conditions, if of gave rise to it couse (o), storing lying couse lost.  PART II. OTH  OR CONTRIBUTING (IF EITHER, NOTIFY	the under- the under- the significant condition  AS UNDERLYING COULD CAUSE OF DEATH MEDICAL EXAMINER)	Idight  Ityper  IONS CONTRIBUTING TO I  VICETION  DESCRIBE HOW INJURY  20d. INJURY OCCURRED	OCCURRED. (Ent	sis	Part I or Port II af i	tem 18.)	8	PERFO	AUTOPSY
20c. TIME OF INJUR Hour o. m. p. m.	10	While Not while at wark of work	foctory, s	treet, office bldg., etc	1				
olive on	James G. S	1960, and the	cer_M.D.		A. DM, from the conduction of	guses and ty ar tawn, sto		e stated	
220. BURIAL, CREMATIC		22c. NAME OF CE	METERY OR CRE	MATORY	22d. LOCATION (	City, town, or	county)	(State	<b>=</b> )
REMOVAL (Specify) Burial	2/2/60	Mt. 71	on Ceme	eterv	Lothia	n."	M	id.	
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	-		D BY REGISTRAR		RAR'S SIGNATU	JRE	
Ritchie	Bros. Uppe	r Marlboro	, Md.	DATE	FB 2 '60	Ciri	Chur S. Kr	ALLA	

## TOOS CHUIRCAGE OF DEATH

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06/46/1	, 0					Nic.	
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B. C. Ballery	- (T12)				= = 6\3		Ta i volta

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.() 1 () 1()

1.	o. COUNTY	Prince Ge	orge	AULC MARYL	LAND	o. STATE Maryl		ed lived. If institu b. COUNT		once bel		ission)
	and give nearest town	outside corporate limits, writ Verly	• RURAL	D.O.A.	N 1b	c. CITY OR TOWN (III		orote limits, write	RURAL on	d give n	eorest to	wn)
	d. NAME OF HOSPIT	AL OR INSTITUTION (	If not in he	ospital, give street address	)	d. STREET ADDRESS					e. IS R	ESIDENCE
	Prince (	Georges Ger	neral	Hospital		John	son C	court				A FARM?
3.	NAME OF DECEASED (Type or print)	William Fir		Henry C	hit	Last tams	4. DATE OF DEATH	Jan.	15	Day		9 60
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	E 8.	DATE OF BIRTH		9. AGE (In years	IFUNDER	-		ER 24 HRS.
	Male	col.	WIDOW	ED DIVORCED	5	2-9-03		56 yrs.	Months	Days	Hours	Min.
	Carpen		done 10b.	KIND OF BUSINESS OR II Mill work	NDUSTR	Maryland	l		12. CIT	U.S		COUNTRY?
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
L		ward Chitt				Marie	Fleet	S	275			
15 (Y	S. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16 service)	. SOCIAL SECURITY NO.		FORMANT erdils Chitt	ams;	Address Bowie	Mary]	and		
TION	Conditions, if a gave rise to immed (a), storing the cause lost.	diate cause ( underlying   DUE TO			cul	tive heart f ar renal dis	ease		'EN IN PAR	T 1(a) 1		
L CERTIFICATION				BE HOW INJURY OCCUR	RED. (Er	ter noture of injury in Por	t I or Port II	of item 18.)			11.3	NO-21
MEDICAL	Hour a. m. p. m.	RY Month, Day, Yeo	Whi		e. PLAC focto	E OF INJURY (Home, form ry, street, office bldg., etc.	n, 20f. (City	or town)	(Co	unty)		(State)
-	21. I certify th		causes ]	remains described  Accident [],		e, held an Autaps ide, Hamicide  M.D. CHIEF MEDICAL E)  ASSISTANT MEDICAL  DEPUTY MEDICAL	XAMINER C			j. <u> </u>	DATE S	find that
22		N 22h DATE THEREC	)F	Church of C	RY OR O	REMATORY Moion am -	Ba	TION (City, town,	- A	ry	land	
23	HUNERAL DIRECTOR	Vasting Tir	- 49	125 Dean	el	lue } LOATE &	D BY REGISTI		strar's significant			

MARTIAN TATE SEASTINGT OF BRADIS - 3 ALLINOSE, TO ASSOCAL EXAMINER'S CERTIFICATE OF SEATH 1,

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MARYLAND	STATE	DEPARTMENT	OF HEAL	TH-BALTIMORE,	18
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	-	COTICIO A TE	OF DEA	TLI	

THE SALE		4.04	CERTIFIC	ATE OF D	PEATH		Re	g. Dist. No.	0101
Prince	Georges	101	MARYLAND	o. STATE	DENCE (Where		I. If institution: F b. COUNTY Prin	Residence befor	
	f outside corporate limit	s, write	c. LENGTH OF STAY IN 16			ide corporate li	mits, write RURA		
Cheverly			3 mo.		ege Par	k			ic prespector
OR INSTITUTION	AL (If not in hospital, gi	ve street o	oddress)	d. STREET A		*****	- 3		ON A FARM? YES NO X
Prince Geor	ges Genara.		Middle	10120 los	-	Hill F	Month	Day	
DECEASED (Type or print)	Ralph		ntto	Collier		OF DEATH	Jan.	13	1960
S. SEX		7. MARRI	NEVER MARRIED	8. DATE OF BIRTH	н	9. AC	SE (In years IF L	UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	WIDOWE	D DIVORCED	5-30-20	0	/30	39 yrs.	onths Doys	Hours Min.
10o. USUAL OCCUPATIO during most of work	ing life, even if retired)		ind of Business or Indi	USTRY 11. BIRTHPL	ACE (Stote or	foreign country		U.S.A	WHAT COUNTRY
Steam fitte				14. MOTHER'S Myrtl	MAIDEN NAM	AE .			11122
Isom E. Col	Llier			MALCI	e wooda	u.u		-	
1S. WAS DECEASED EVER	R IN U. S. ARMED FORC			elen M. C	ollier	Same a	As # 2 (	Wife )	
18. CAUSE OF DEA	TH [Enter only one cou	se per line	e for (o), (b), ond (c).]	,		1000			RVAL BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Co	arcinomo	stosis	1.00			ONS	er and death
179.0 Conditions, if or	DUE TO	C	arcinom	a of	pe	nis			14 mo.
gove rise to it couse (o), stating lying couse lost.				-/					
PART II. OTH		OITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	) THE TERMINA	L DISEASE CON	IDITION GIVEN	IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture o	f injury in Por	t I or Port II of	item 18.)		tred tred
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While		PLACE OF INJURY ( octory, street, office		20f. (City or to	wn)	(County)	(State
21. I certify th	at I attended the	decease	ed from Oct.	18 19.59	i, to Jai	1.	1319_60tho	it I last saw	the deceases
alive an Jan	13	., 19,6	O, and that degt	h accurred at					
ACTUAL SIGNATURE	my.	No	1 brook	M.D. Col		ark, Md	city or town, state	1/:	13/60
PHYSICIAN'S WMI	. A. Holbro	ok, l	1.D.						
220. BURIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEMETERY Copeland Fund	or crematory eral Home		d. LOCATION enningt	(City, town, or co		Va-
23. FUNERAL DIRECTOR		tsvi	ADDRESS lle, Maryland			N 1 5 '60		AR'S SIGNATUR	

adding.						
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEASO TO CHAPPITED 2" SELVIN AND LADIOS AND a many his hour to Machen March 12 1 622-211 632 FELSEN HORSE SHARE IS Come all a secretarion of the second to Bellet for the same Sintate Constitution of the second ST 12 TO BUILDING The first property of the last Same and war wat The Line Color

		()	1	1	1
Reg.	Dist.	No.			

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	PRINCE GEORGES MARYLAND	MARYLAND b. COUNTY PR GEORGES						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	BOWIE	04BOWIE						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
	HIGHBRIDGE RUAD	HIGHRRIDGE ROAD YES NOW						
	3. NAME OF DECEASED (Type or print) (The Dan) First Middle	NULLON 6 e DEATH DAY 15 1960.						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	MALE CAUCASIAWWIDOWED   DIVORCED	APRIL 14, 1895 (54, yrs. Months Doys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  ENGINEER US. GOVERNOON	ISTRY 11. BIRTHPLACE (Stote or foreign country)  CANADA 12. CITIZEN OF WHAT COUNTRY?						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	ARTHUR COULOMBE	EMMA BERTRAND						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, np. or unknown) (If yes, give war or dates of service)	INFORMANT & O Address						
	VES WORLDWART 218-38-7276 B	restrice S. Conlombe, Bowie, and.						
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: Cardin Onatosis							
	162.1 DUE TO 10							
		ic (attenoma Jung. / yet						
	gove rise to immediate couse (a), stating the under-							
	lying couse lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
)	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO						
	E 200 ACCIDENT WAS HINDERLYING TO 200 DESCRIBE HOW INTERPRETATION	D. (Enter nature of injury in Part I or Part II of item 18.)						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)						
	Hour o. m.  P. m.  19 While Not while of work of work	ciory, mest, once brigg, etc.,						
	21. I certify that I offended the deceased from man	11, 1959, to Jan 15, 1960that I lost sow the deceased						
		occurred at 1032 M, from the couses and on the date stated abave.						
	one on the state of the state o	ADDRESS (Street, city or town, stote)  DATE SIGNED						
	ACTUAL REPORT REAL REAL REAL REAL REAL REAL REAL REAL	RED RAVIE and 1/15/60						
	SIGNATURE	M.D. All John Market						
1	PHYSICIAN'S H. James Ruvtz.							
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)						
	Burial 1/19/60 It dinest	in Cometay 1 studenslowing Md						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. FEC'D BY REGISTRAR 24b. REGISTRAK'S SIGNATURE						
V	W.W. Elsumbers to In Ornerdale.	Malo DATE JAN 21 '60 Cirlling S. Floria						

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use os the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotion, ar removal, and in any event within 72 hars after death. TO HOSPITAL

VS A15 (4) 15M 9/5B

IL ACTION AND ARREST ARREST AREA TO A LANGUE OF THE STATE All All All And Market The Sales and All Andrews PART OF THE PROPERTY OF THE PARTY OF THE PAR SAL THE PERMIT ALZIN BAGAMEN THE WAS SAURINGED DESMAND SEARCH ALTER STRUCK Service and the service of the servi Marie Control of the 

VS A15 (4) 15M 9/55

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VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01016

Reg. Dist. No.

1.	PLACE OF DEATH	. ~			O CTATE .	ENCE (Where decea	L COUNT			
-		rince Geo			1	laryland		FIT		George
1	and give nearest tows		RURAL	c. LENGTH OF STAY IN 16	11	DWN (If outside cor		RURAL and	give neare	est town)
1	Temple			1.3 years	17 Ten	ple Hil	ls			
	d. NAME OF HOSPIT	AL OR INSTITUTION (	If not in hosp	pital, give street oddress)	d. STREET ADS	DRESS			0,	IS RESIDENCE ON A FARM?
		Holton La	ne		530	)l Holto	n Lane		Y	ES NO
3.	NAME OF DECEASED	Fin	19	Middle	Lost	4. DATE OF	Montl	1	Doy	Year
L	(Type or print)	William	Woo	odson C	ummings	DEATH	Januar	У	9,	1960
5.	SEX 7	6. COLOR OR RACE	7- MARRIE	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		UNDER 24 HRS.
	Male	White	WIDOWED	DIVORCED [	April 1	. 1908	51 yrs.	Months [	Days Ho	ours Min.
10	O. USUAL OCCUPATION	ON (Give kind of wark	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLAC		country)	12. CITIZ	EN OF W	HAT COUNTRY?
anto.	echnicia			Laboratory		rinia		1	U. S	. A.
_	3. FATHER'S NAME		-	200010101	14. MOTHER'S MA	1	1 1 1 1 1 1 1 1 1			
	Will.	iam Woods	on Ci	ummings		T	onduran	+		
15	S. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. 9		NFORMANT		Address	. 0		
14	es, no, or unknown)	(If yes, give war or dates of	service)		Rually C	Cummines			11 0	
/=		TH [Enter anly one cau	te per line f		TURLLY C	vonmii Tiis s	, same	as i	INTERVAL	BETILIEPAI
		TH WAS CAUSED BY				4 0 4	, /30%		ONSET AN	ID DEATH
	111.51	IMMEDIATE CAUSE (0)		Acute conge	stive ne	eart Ial	Lure			
	1447 X	DUE TO							2	
	Conditions, if o		(	Cardiovascu.	lar rena	al disea	.se			
	(o), stating the									
-	cause lost.	) (c).							1	
S S	PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT I	NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. V	VAS AUTOPSY ERFORMED?
3							Section Section 1		YES	
CERTIFICATION	20a. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.	JSE WAS NTRIBUTING   201	b. DESCRIBE	HOW INJURY OCCURRED. (	Enter noture of injury	y in Port I ar Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yea		faul.	CE OF INJURY (Honory, street, office blo	ne, form, 20f. (City	or tawn)	(Cour	nty)	(State)
MEC	Hour o.m. p. m.	19	While at wor	k at work	ory, sireer, orrice bit	og., etc.,				
	21. I certify th	nat I took charge	of the re	empins described obc	ve, held on A	utopsy . I	nspection 17.	Inquir	190	nd find that
				_/ _	cide [], Hon		ndetermined o			
			, 0		1 .				1200	
	ACTUAL	CHANA O.	1/	J. V. Jan.	CHIEF MED	ICAL EXAMINER			DA	TE SIGNED
	SIGNATURE				-tw.n/	MEDICAL EXAMINE				
	EXAMINER'S NAME'(Type)	la Mr	2 6	TISAL	1 /	DICAL EXAMINER	71		10	191
27	g. BURIAL CREMATIO	N. 22b. DATE THEREO	F 1	22c. NAME OF CEMETERY OR	111			7	10	(0)
-	Burial	1-13-		/		226. LUCA	TION (City, Jown, o	county)/	7/20	(State)
23	FUNERAL DIRECTOR		00	Arlingto		o. REC'D BY REGIST	PAR 24 DEAL	TRAR'S SIGI	NIATURE	
<	Tel	+. Home	-6	1act. D. C						
		7 /	20		D.	ATEJAN 1 2 '6	0 Carl	"nun 8. 9	Trans	

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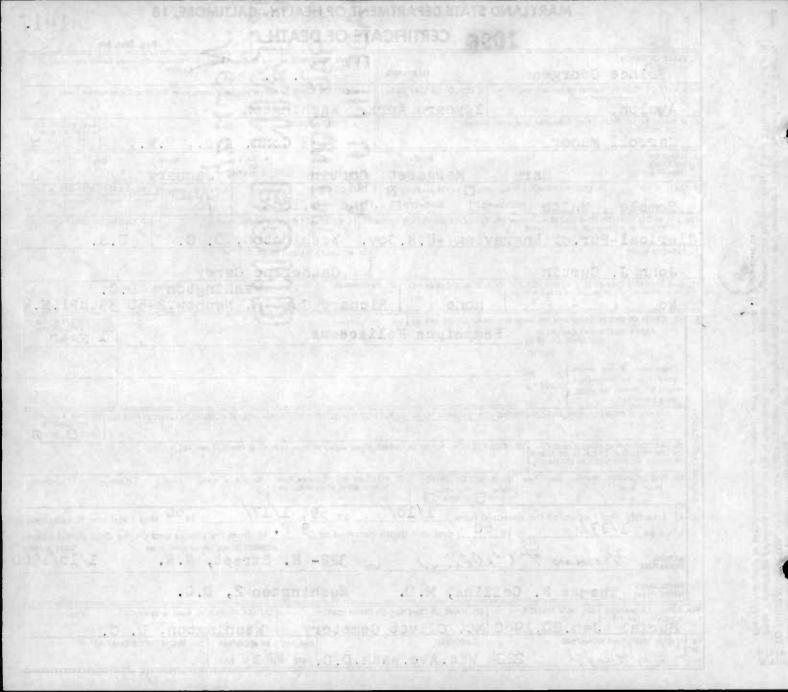
may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove earbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 fours after death.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour VS A15 (4) 15M 10/57

	10	36 CERTIFI	CAIL OI	)LAIII		Reg. D	ist. No.	
1. PLACE OF DEATH o. COUNTY. Prince (		MARYLAN	II o STATE	DENCE (Where de D. C.	eceased lived. If in b. COL		nce before adr	nissian)
b. CITY OR TOWN (If ou RURAL ond give neores	tside corporate limits, write st town)	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If outside	corporate limits, w	rite RURAL and	give nearest to	own)
Avalon,				shingto	n		_47×	(-3
d. NAME OF HOSPITAL ( OR INSTITUTION	If not in hospitol, give street	oddress)	d. STREET	DDRESS				RESIDENCE
Carroll N	Manor		31	33 Conn	. Ave.,	N.W.		□ NO 🔯
NAME OF DECEASED	First	Middle	lo	st 4. D.	ATE	Month	Day	Yeor
(Type or print)	Mary	Margare		מ	EATH Jan	uary	17	1960
SEX 6.	COLOR OR RACE 7. MARE				9. AGE (In y	eors IF UNDER	Doys Hou	
Female	White WIDOW			3,1883	10	yrs.		
Oa. USUAL OCCUPATION ( during most of working	Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHP	LACE (State or fore	eign country)	12. CI	TIZEN OF WH	AT COUNTE
Clerical-Bu	ir.of Engra	ving -U.S.			n, D. C		U.S.	
. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
	Curtin			therine				
(es, no. or unknown) (If ye	U. S. ARMED FORCES? 16. s. give wor or dates of service)	SOCIAL SECURITY NO.	7. INFORMANT		ashingt			MIT HE
No	_	none	Richard	Curtin	, Nephe	w,2450	39th	Pl.N.
	[Enter only one cause per li						INTERVAL	BETWEEN ND DEATH
	WAS CAUSED BY: MEDIATE CAUSE (a)	emphigus F	oliaceou	8			1 y	ar
7041	DUE TO							1.20
Conditions, if ony,	which )							
gove rise to imme	ediote (							
lying cause lost.	under-							
	SIGNIFICANT CONDITIONS C	CONTRIBUTIONS TO DEATH	BUT NOT BELATED TO	TUE TERMINIAL D	USEASE CONIDITION		- I - I - I - I - I - I - I - I - I - I	C AUTORCY
	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT KELATED TO	) THE FERMINAL D	ISEASE CONDITION	GIVEN IN PAR	PER YES	FORMED?
20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING (1) 20b. DESI CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCU	JRRED. (Enter noture o	of injury in Port 1 c	or Part II of item 15	.)		
20c. TIME OF INJURY / Hour o. m. p. m.		NJURY OCCURRED 20e	PLACE OF INJURY	Home, form, 20f	. (City or town)	(	County)	(Stote
Hour o.m.	19 While at war	Not while	foctory, street, offic	b blog., etc.)				
	l attended the deceas	1/18	/ 10 5	9. 1/17	1	60	1	
olive on 1/1	m /	60		- D	, 17.	that I		
011/2 011		, and mor de	ath occurred ot	JVI,	from the caus ESS (Street, city or t		he date st	oted abo
ACTUAL The	muso 7 (	00:1	322		reet, N		1/	18/19
SIGNATURE		ceur	M.D					
PHYSICIAN'S NAME (Type) The	emas F. Cel	lins, M.D.	Was	hington	2, D.C	•		
REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. I	LOCATION (City, to	wn, or county)	(S	tote)
Burial	Jan.20,1960	Mt. Olive	t Cemete:	ry W	ashingt	on. D.	C.	
. FUNERAL DIRECTOR'S SIG		ADDRESS		24g. REC'D BY R		REGISTRAR'S SI	GNATURE	
4. Won HE	Vol 2221	Wis.Ave.V	Wash.D.C	DATE JAN 2	0 '60	11 11		



VS A15 (4) 1SM 9/SB

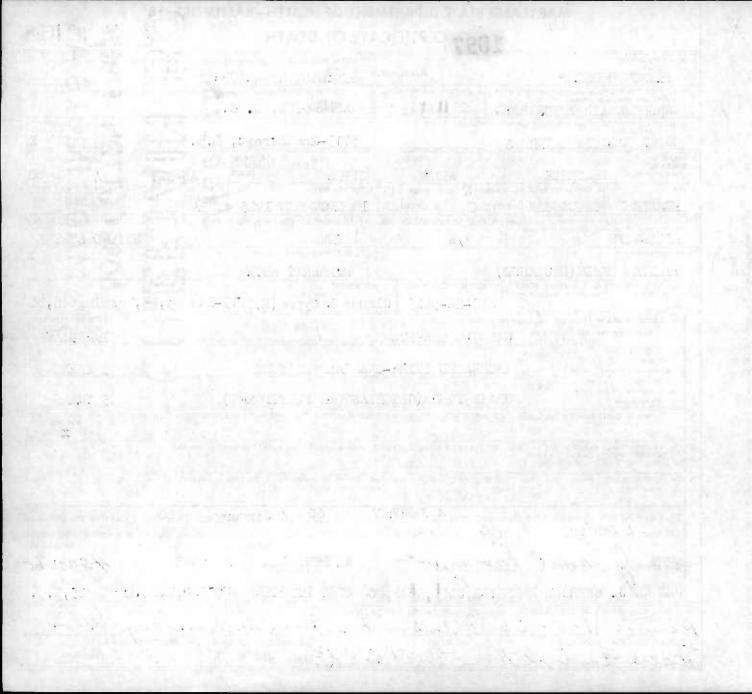
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1092 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. (111)18

_			-									
1.	PLACE OF DEATH o. COUNTY PRINCE	GEORGES		MARYLAN		USUAL RESIDENCE (WI O. STATE DISTRICT OF	had.	F COUNTY	on: Residen	ce befo	re admis	isian)
	b. CITY OR TOWN RURAL and give	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN	Ь	c. CITY OR TOWN (If			URAL and	give ne	arest taw	n)
		AIR FORCE I	BASE	38 DAYS	X	WASHINGTON,	D. C.	(21)				
	OR INSTITUTION	ITAL (If not in hospital, g		address)	1	d. STREET ADDRESS 5713-2nd St	reet.	S.E	9.4		ON A	SIDENCE A FARM?
3.	NAME OF	Fir		Middle		Last	4. DATE	Mon	ál.	Do		Year
	DECEASED (Type or print)	LEATRICE		ANNE		YPRA	OF DEATH	JANUR	Y	4		19 60
S.	SEX	6. COLOR OR RACE	7. MARR	RIED A NEVER MARRIED	] B. D.	ATE OF BIRTH	100	9. AGE (In years last birthday)	Months	Doys	Hours	DER 24 HRS.
	FEMALE	CAUCASIAN	WIDOWI		,		1925	34 yrs.	Monnis	Days	Hours	Min.
	HOUSEW IF	rking life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	Heli	IOWA		ountry)		ITED		COUNTRY?
13.	FATHER'S NAME				14	I. MOTHER'S MAIDEN	NAME					
		EADE (DECEAS				MARGARET R	RUTH			1		
15	. WAS DECEASEDEV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)			RMANT		Add		70.		
	NO		4	83-26-5723	Clau	de H Cypra (	(H)5713	3-2nd St,	SE, Wa	shi	ngto	n,DC
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a		ne for (a), (b), and (c).] DIAC ARREST						ON:		ETWEEN D DEATH
-	193.0	DUE TO			12							
	Conditions, if		INC	REASED INTRA	-CRA	NIAL PRESSU	JRE			5	YEAR	S
	cause (a), stating	the under- DUE TO	BRA	IN TUMOR (GLI	OBLA	STOMA MULTI	FORME)			5	YEAR	S
CATION	PART II. OT	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	PERFC	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING AS CAUSE OF DEATH (Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature af injury in	Part I ar Part	II of item 1B.)	An)			
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	19	While at war	k at work	factory,	OF INJURY (Hame, farm street, office bldg., etc	n, 20f. (City	ar tawn)	(1	Caunty)		(State)
	21. I certify to alive an 4 constant signature Physician's James (Type) J.	Canoll	Ras	ed fram 4 JANUA 0 , and that de nsuy ER, CAPT, USAF	ath ac	_, 19 60, to 4 curred at ANDREWS AI USAF HOSPI	M, fram ADDRESS (St R FORC	the causes an reet, city or town, E BASE	d an the	e date	DA'	d abave TE SIGNED M 60
22	REMOVAL (Specify	ON, 22b. DATE THEREO	60	22c. NAME OF CEMETER	Y OR CR	EMATORY Thomas	22d. LOCAT	10N (City, town,	Burg	0	) (Sto	ite)
23.	EUNERAL DIRECTO	R'S SIGNATURE	1/2	ADDRESS - 74, 1, 12	15		D BY REGIST		Inthung.			



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	1098 CERTIFICA	ATE OF DEATH  Reg. Dist. No.	
	1. PLACE OF DEATH O. COUNTY PRINCE GEORGEMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm a. STATE LOWA b. COUNTY MONONA	ission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  ADEL PHI  10 HONTHS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest to $UTE$ $53 \times -3$	wn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1420 201000 516		ESIDENCE A FARM?
		ET OOROTH DEATH JAN, 27	Year 19 60
	FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH  MAY 20, 1892  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 1	
1	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  PSST. Postmistress  U.S. Post Gffice	e Illinois U.S.	
/	GEORGE WINTER	14. MOTHER'S MAIDEN NAME MARGARET JANE CON	ROY
	AM	SEPH OOROTH; 14-20 Junwood St, Adel	bhighel,
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARCINOMA  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	of the STOMACH with ONSET AN	BETWEEN ID DEATH
	(6)	zed Metastasis 8 Ma	onths
	gove rise to immediate couse (a), stating the under-lying couse lost.		
)		YES [	S AUTOPSY FORMED?
Ì		D. (Enter nature of injury in Port I or Port II of item 1B.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fac by Moile at work of work 19 of work 19	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) (City or town) (County)	(Stale)
	21. I certify that I attended the deceased from MAR.  alive on John 26, 1960, and that death	n occurred a 3:36 M, from the causes and an the date sta	e deceased
	ACTUAL SIGNATURE LANGE & Haubach		DATE SIGNED
/	PHYSICIAN'S JAMES L. LAUBACH	Hyattsville, Me	1.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL FEB 1. 1960 ST. MARY	REPEMATORY 22d. LOCATION (City, town, or caunty) (St.	ate)
	23. FUNERAL DIRECTOR'S SIGNATURE  WW Taltavull 360314 St.N.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 29'60 O-Thur & Heave	
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may be retain by the haspitol or attending physicion.

TO FUNERAL DIACTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL

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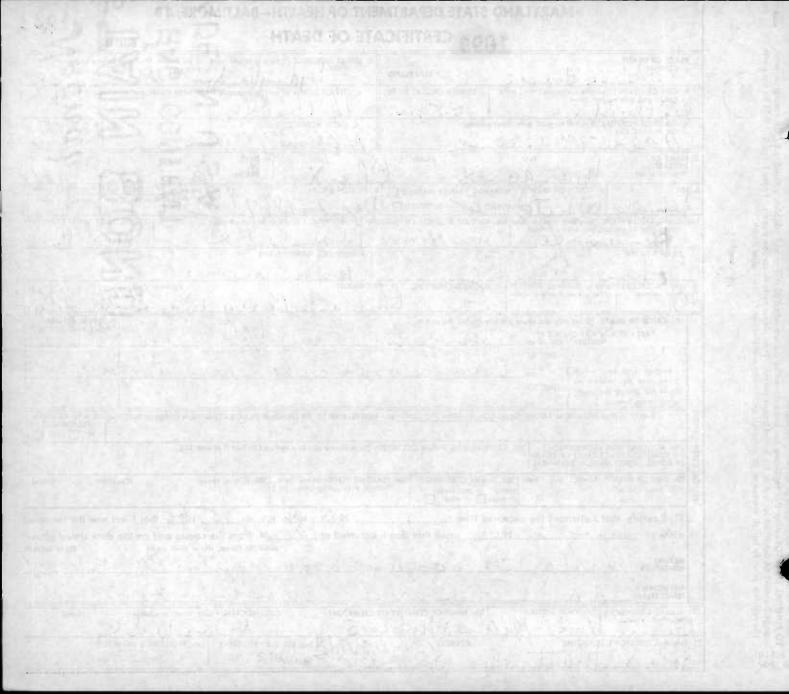
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	18

			1000	CERT	FICA	TE OF D	DEATH			Reg. Dist. I	No. (11)2
1.	PLACE OF DEATH COUNTY PRINCE	George:	<del>)                                    </del>	MAR	LAND	2. USUAL RESIL	DENCE (When	re deceased liv	red. If institution b. COUNTY	mi Residence b	efore admission)
	HYATTS	VIII 4 M	0	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (IF OU	tside corporate	limits, write RI	JRAL ond give	recorest town) / 56 - 2
	MAME OF HOS OR INSTITUTION	1 1 ha a	NOR	ddress)		d. STREET A	DDRESS C	yers n	mel a	d	•. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)	CATHE		Middle A -	D	WYER	it >	4. DATE OF DEATH	JAN		Day Year
5. 5	ex Emale	6. COLOR OR RACE	7. MARRIE			FeB (	5,18	77 9.	AGE (In years last birthday)	Months Day	AR IF UNDER 24 HRS AN Hours Min.
10a	during most of w	TION (Give kind of work orking life, even if retired	done TUB. K	TND OF BUSINESS C	OR INDUST	TRY 11, BIRTHPL	MO.	r foreign count	lry)	12. CITIZEN	OF WHAT COUNTS
13.	13. FATHER'S NAME  JOHN O'CONNOR  14. MOTHER'S MAIDEN NAME  UNKNOWN										
15. (Yes	WAS DECEASEDE	VER IN U. S. ARMED FOR		OCIAL SECURITY NO	-	OBERT	BN	yer	Addr 4	Bore	(50m)
									NTERVAL BETWEEN		
	420.0 Conditions, if		//	rterios	clas	otec	Hea	nt 1	Deser	se	3/40
	gove rise to couse (o), statin lying cause los	g the under-	)								V
CATION	PART II. C	OTHER SIGNIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO	THE TERMIN	IAL DISEASE CO	ONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.)										
MEDICAL	20c. TIME OF INJ Hour a. m p. m	1.	ar 20d. IN. While at work	Not while	20e. PLA	CE OF INJURY ( ory, street, office	Home, farm, e bldg., etc.)	20f. (Cily or	town)	(Coun	ty) (State
	21. I certify that I attended the deceased from flower, 19 1, to 1, 1960, that I last saw the deceased alive on 1, 1960, and that death accurred at 2,60 M, from the causes and on the date stated above.										
	ACTUAL SIGNATURE Welliam T. Saulandin M.D. 1150 Comm Weln W. 1/1/6										
	PHYSICIAN'S NAME (Type)	WILLIAM	7.	SACCE	122	> j'					/ /
	SURIAL	JAN./3.	1966	22c. NAME OF CEM	ETERY OR	4 ~ LS		For	N (City, lown, o	64-	~ (Stote) MD
23.	FUNERAL DIRECTO	or's SIGNATURE	360	3 14 mg	4NA	JA ITE	240. REC'D	BY REGISTRAN		TRAR'S SIGNA	

VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

Reg. Dist. No.

01023

1. PLACE OF DEATH o. COUNTY Pri	nce George	s	MARYLA	AND	o STATE	ence (which is a ry la	nere deceased live	d. If institutio b. COUNTY			
	f outside corporate limi arest town)		c. LENGTH OF STAY IN	l 16		rwyn	outside corporate l	imits, write Rt	JRAL and gi	ve n'earest f	own)
d. NAME OF HOSPIT	AL (If not in hospital, g		<sup>ddress)</sup> rial Hospit	al	II //					RESIDENCE N A FARM?	
3. NAME OF DECEASED (Type or print)	Fir MINN	A	Middle LOUISE		EDMUNI		4. DATE OF DEATH	Moni Janua		Doy 25	Year 19 60
s. sex Female	6. COLOR OR RACE	7. MARRI WIDOWEI	DIVORCED		3-25-8		9. A	GE (In years st birthdoy) 73 yrs.		YEAR IF UN Days Hou	rs Min.
	ON (Give kind of work a ing life, even if retired Sewife		nn home	INDUS		th Ca	rolina	1)		U.B.	AT COUNTRY
John	Greer					nna	Hutchin	8			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. IN	FORMANT			Addr	ess		
	If yes, give war or dates of s  D.O.  TH [Enter only one co	21			Hospi	tal F	Record	River	dale,	Mary	land.
Conditions, if or gove rise to it couse (o), stating lying couse lost.	the <u>under</u>	0	ONTRIBUTING TO DEAT		ine d	Cla	A fo	Le Lus	EAL IN BART	3	ALECOSEY
CATIC	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OCC	1		1				PER	FORMED?
	MEDICAL EXAMINER) Y Month, Day, Yes 19	20d. IN While of work	_ Not while	0e. PLA foct	CE OF INJURY (I ory, street, office	dome, farm bldg., etc.	20f. (City or to	own)	(Co	ounty)	(Stote)
21. I certify the alive on	ot I offended the	12.6	on, M	leath	4 , 19 <u>6 2</u> occurred at 1.0. 44	9:45	AM, from the ADDRESS (Street, 2 4 667)	e couses o	nd on the	e date st	DATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THERECO	F	22c. NAME OF CEMETI George Was				22d. LOCATION Hyatts	(City, town, o	r county)		tote)
23. FUNERAL DIRECTOR		yatts	ADDRESS Sville, Man	ryla	and.		N 2 9 160		TRAR'S SIGH		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after depth. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 1SM 9/SB

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VS. A15ME(5) 5M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. ()1()25

1.	PLACE OF DEATH	rince Geor	ges:	MARYLAN		ESIDENCE (V		ed lived. If Institu				
	b. CITY OR TOWN JIF of and give nearest town]  Bladen		e RURAL	c. LENGTH OF STAY IN 18	c. CITY C		outside corp	orote limits, write	RURAL on	d give n	earest to	wn)
	d. NAME OF HOSPITA	L OR INSTITUTION (	If not in hor	spital, give street address)	d. STREET	ADDRESS	timore	Avenue			ON	ESIDENCE A FARM?
3	NAME OF	Fir		Middle		ost Da.L	4. DATE			D		
	(Type or print)	Dalla	<b>S</b> :	Patrick	Fisher		DEATH	Janu		31		19 60
5.	SEX .	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIR	тн		9. AGE (In years lost birthday)	Months		Hours	ER 24 HRS.
1	fale	white	WIDOWE	D DIVORCED	12-21-	- 1891		68 yrs.	Mpnins	Days	noun	Min.
	during most of working  Retire  FATHER'S NAME	life, even if retired)		KIND OF BUSINESS OR INDU	7 500	V. Car	rolina	ountry)	12. CIT	IZEN O		COUNTRY?
		e Fisher				Mar	garet	D. Felke	r			
15 (Y	. WAS DECEASED EVER	R IN U.S. ARMED FO If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address				
L	Yes	W.W.1		136-09-4228	Nannie	M. Wh	orton:	same ad	dress	as	# 2	
	PART 1. DEATH	ote couse		Acute congest						ONSI	ET AND DE	EEN ATH
CERTIFICATION		r significant con iosclerosi	_	ONTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PAI			AUTOPSY RMED? NO
	20g. EXTERNAL CAUS PRIMARY   or CON' CAUSE OF DEATH.	FRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED.	(Enter nature of	injury in Port	t t or Part II o	of Item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While		ACE OF INJURY			or town)	(Co	unty)		(State)
	ACTUAL SIGNATURE	fram: Natural	causes <b>S</b>	Talency	wicide,	MEDICAL EX	(AMINER )	_		j. ¯	DATE S	find that
22	NAME (Type)  BURIAL, CREMATION BREMOVAN (Specify)	John T. M. 226. DATE THEREO 2/3/60		22c. NAME OF CEMETERY C Arlington Nat	R CREMATORY		22d. LOCAT Arlir	ION (City, town,	nuary or county)	7 31 Va	(Stot	
23	F. Gasch's	SIGNATURE	yatts	ADDRESS Ville, Marylan		240. REC'	D BY REGISTI	RAR 24b. REGIS		GNATUI	RE	

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o. COUNTY			MARYLA		o. STATE Maryland		d lived. If institution b. COUNTY GEOR		are admission)
	e George								
RURAL and give no	If outside carporate limi earest town)	is, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL and give n	earest town)
Cheverl	У		2 Days		Landover				
OR INSTITUTION	AL (If not in hospital, g	100			d. STREET ADDRESS				e. IS RESIDER
NAME OF	Fir		Middle	-11-	Last	4. DATE	Mon	th D	ay Year
OECEASED (Type or print)	Baby Boy				Flint	OF DEATH	Jan		6, 19
<sup>s</sup> Male		7. MARR	HED NEVER MARRIED	<b>₽</b> B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	
Male	White	WIDOWE			Jan.4,1960		last birthday) yrs.	Months Days	Hoyes
. USUAL OCCUPATION	ON (Give kind of work of	1	KIND OF BUSINESS OR			e or foreign o		12 CITIZEN C	F WHAT COU
during most of worl	king life, even if retired	)							
FATHER'S NAME					14. MOTHER'S MAIDEN	ryland			
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Robert		gasa I				I Elai	ne Boswel		
s, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	cts? 16.	SOCIAL SECURITY NO.	INH	DRMANT		Add	ress	
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Conditions, if o gove rise to i couse (o), stoting lying cause lost.  PART II. OT-	mmediate the under-	26	SOC. C	H BUT NO	or related to the tera	MINAL DISEAS	Quurr E CONDITION GIV	(EN IN PART 1(0)	19. WAS AUT
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Conditions, if o gove rise to i couse (o), stoting lying cause lost.  PART II. OTH	ny, which mmediate the under (c	DITIONS C	CONTRIBUTING TO DEATH					TEN IN PART 1(0)	PERFORME
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Conditions, if o gove rise to i couse (a), stoting lying cause lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour a, m. p. m.	ny, which mmediate the under DUE TO (c)  THER SIGNIFICANT CON  AS UNDERLYING DEATH MEDICAL EXAMINER)  Y Month, Day, Yee  19	DITIONS C  20b. DESC  at world	CRIBE HOW INJURY OCC	CURRED. ( De. PLACI foctor	Enter nature af injury in	Port I or Por	t II of item, 1B.) r ar tawn)		PERFORME YES No
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Conditions, if o gove rise to i couse (o), stoting lying cause lost.  PART II. OTH  20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour a. m. p. m.  21. I certify the alive an	ny, which mediate the under DUE TO (c) HER SIGNIFICANT CON  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Y Month, Day, Year 19	20b. DESCO ar 20d. It While at world	NJURY OCCURRED  Not white  ed fram. Jan 14  60, and that d	CURRED. (De. PLACI foctor	Enter nature of injury in OF INJURY (Home, far y, street, office bldg., etc., 1960, ta	Jan 6	t II of item 18.)  ar tawn)  the causes an treet, city or town,	(County)	PERFORMEYES N

MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMODE 18

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MARYLAND !	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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**CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince Georges o. STATE Rhode Island b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Hyattsville 1/2 yrs. Woonsocket d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
8910 Riggs Road d. STREET ADDRESS . IS RESIDENCE ON A FARM? 61 Park(Street) Avenue YES NO NAME OF Middle 4. DATE Month Year (Type or print) M. Marie de la Victoire C. Foisy DEATH 30 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years August 23, 1872 White Female WIDOWED | DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Religious U.S. Catholic Nun Central Falls, R.I. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marcelline Dauray Olivier Foisy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Hyatts. Md . Convent Records 8910 Riggs Rd. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: ucars IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m While Not while at work at work Jan 30 1960 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Cemetery Hyattsville 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

14th.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

fter death: Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 0991

01028 Reg. Dist. No.

C	LACE OF DEATH COUNTY Prince G				rland	2. USUAL RESIDENCE (Who o. STATE  New York		b. COUNTY				<b>V</b>
t	EURAL ond give of Hyattsvi	(If outside corporate limits egrest town)	, write	c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside corpo	rote limits, write R	URAL and	give neo	arest tow	n)
				35 de	ys	New York		69	X	3		
	NAME OF HOSPI 8910 Rigg	TAL (If not in hospitol, gives Road	re street	oddress)		d. STREET ADDRESS	14 th	st.			ON	SIDENCE A FARM? NO
	JAME OF DECEASED Type or print Si	ster St. Le		Marie Alm		Lost Fournier	4. DATE OF DEATH	Janu		13	y	Year 19 60
5. 5	EX	6. COLOR OR RACE	7. MARE			B. DATE OF BIRTH	- 30 (8)	9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
	Female		WIDOW		7.10	July 7, 1892		lost birthdoy) 67 yrs.	Months	Days	Hours	Min.
	USUAL OCCUPATI	ON (Give kind of work de	one 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CI	TIZEN O	F WHA	COUNTRY
	RELIGIO	ting life, even if retired)	CA	THOLIC N	IIN	Canada				Cane	ada	-
13.	ATHER'S NAME			VI VIETO	UIN	14. MOTHER'S MAIDEN N	IAME					
	Cleophas	Fournier				Adeline Go	oulet					
15.	WAS DECEASEDEV	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO	). 17. IN	FORMANT		Add	ress	. + + -	3.4	a
[Tes.	NO or unknown)	(If yes, give war or dates of ser	AICE}		Re	gina Conver	at Da	cords 8	910	atts		Don't
Z	Conditions, if a gove rise to couse (a), stoling lying couse lost.	the under: DUE TO (c).		Q Y CINON		OT THE					0.1446	
ICATION	PARY II. OI	HER SIGNIFICANT COND	IIIONS C	CONTRIBUTING TO DE	AIH BUI	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(0) 1	PERF	NO M
CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	). (Enter noture of injury in P	Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	While	NJURY OCCURRED  Not while of work	20e. PLA fact	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	, 20f. (City	or town)	(	(County)		(Stote)
220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AMES L.	19.50 ac	4	<del></del> ,	accurred at 7:50 A	M, from	n the causes of treet, city or town,	and an istore)		te stat	ed abave
B 23.	REMOVAL (Specify UPTAT		Deli		Convash.	D. C. 240. REC'E			STRAR'S SI	IGNATU		and
F	RANCIS	J. COLKINS	3	821 14th	. St	. N.W . DATE J	JAN 1 5	'60	Irthur	8. K	aus	

TO HOSPITAL VS A15 (4) 1SM 9/SS

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	A STATE OF THE STA			

Reg, Dist. No.

1. PLACE OF DEATH o. COUNTY	Prince Geo	orges	MARYLANI	2. USUAL RESIDENCE o. STATE Mary	(Where deceased	lived. If institution b. COUNT	v -	-	o admission)
and give nearest town		RURAL	c. LENGTH OF STAY IN 16						rest town)
	AL OR INSTITUTION (I	f not in hospi	tat, give street address)	d. STREET ADDRESS	rage	13	X - 2	e	e. IS RESIDENCE ON A FARM?
	n Street			Gui	lford				YES NO
3. NAME OF -DECEASED (Type or print)	Robert		Middle eon Frazi	ler	4. DATE OF DEATH	Jan.		Day	Year 19 60
5. SEX		7. MARRIED	NEVER MARRIED DIVORCED 187			AGE (In years lost birthday)			F UNDER 24 HRS.
Male  10a. USUAL OCCUPATIO	white ON (Give kind of work of life, even if retired)			STRY 11. BIRTHPLACE (Sig		to his	12. CITIZ	EN OF V	WHAT COUNTRY?
Machinis		Ma	whinist	Marylar				U.S	.Λ.
)13. FATHER'S NAME	ames Fran	ıklin	Frazier	14. MOTHER'S MAIDEN	Florence	e Stor	neburn	er	
15. WAS DECEASED EV		CES? 16. SC	- 50	INFORMANT Joyce Harma	6506	Address Harman		е.	
PART 1. DEAT 783./ Conditions, if a gave rise to immed (a), stating the cause last.	diate cause underlying DUE TO (c).		Pulmonary H	am bronchiec				ONSET A	AL BETWEEN
CATIO	CAR LOS	DITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? S NO
20a. EXTERNAL CAT PRIMARY O ar COI CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIBE I	HOW INJURY OCCURRED.	(Enter nature of injury in P	art I ar Part II of	item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yea	While	JURY OCCURRED 20e. Pt	ACE OF INJURY (Home, factory, street, affice bldg., e	rm, 20f. (City or	town)	(Coun	ity)	(State)
	from: Natural			ove, held on Autop uicide [], Homicid		etermined o		101, 6	and find thot
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John T. Mai	D. M	Maloner	M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICA	ICAL EXAMINER	<b>-</b>		D	DATE SIGNED
220. BURIAL, CREMATIC REMOVAL 15 POLICY 28. FUNERAL DIRECTOR	Dan R3		ADDRESS	OR CREMATORY  WILLIAM		ON (City, town,	or county)	d -	(State)
Month	n Sharla an	n N	AM Perman	DATE			Irithun 2		ma.

TO DEPUTY WANCAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay exessory, please execute the center of the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to enemation,

kessary, please exeror. Page 4 should be

VS. A 15ME(5) 5M 9/55

ar removal.

- MEDICAL EXAMINER'S CENTRICATE OF DEATH The state of the s nd national description of the straight of Learning Medice. While it is been also before the particular analysis Discussion of the contract of The second second second second second

urs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  $1052^{\text{Items 8.9 FilmG258 3-7-60 et}}$ CERTIFICATE OF DEATH

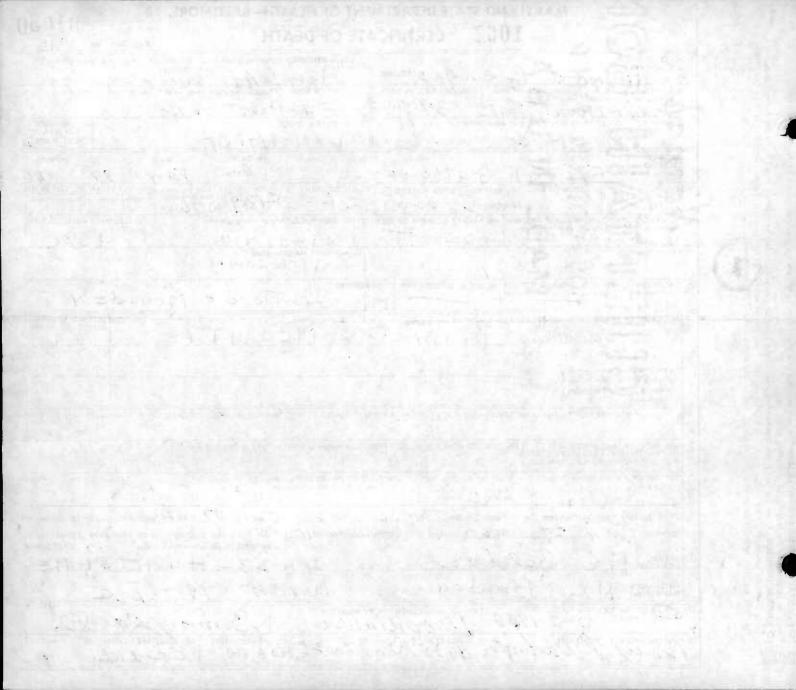
01030

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY OF THE PROPERTY OF	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
Fair HOUNT HATS 39 yms	X FarMONAT- Hays
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
6211- H St.	6211- H. St. YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Manth Day Year OF
(Type or print) / / / / / / / / / / / / / / / / / / /	8. DATE OF BIRTH 1960 9. AGE (In years IIF UNDER 1 YEAR IF UNDER 24 HRS.
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  DIVORCED	B. DATE OF, BIRTH  Feb - 25 1869 9. AGE (In years lost birthday)  Wanths Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer 45.600T.	Vinginia 45a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gal.	MMICHOWM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11/2s. no, or unknown)   Iff yes, give wor or dates of service)	NFORMANT Address
NO M	Ns. GenTrude Moulden
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), ond (c).]	INTERVAL BETWEEN ONSET, AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	es. 9e1114.s. ?
260 X DUE TO	
Canditions, if ony, which gove rise to immediate (b)	
couse (a), stoting the under-	
lying couse last. ) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \) NO \( \)
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREI	D. (Enter nature of injury in Port I or Part II of item 18.)
Hour o. m. While Nat while for	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased from Jan - 6	- /3
alive on 127, 1960, and that death	accurred at LOCLOS M, from the causes and an the date stated above.
ACTUAL DE BORDES	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE	M.D. 4423- HUMI- PI-11E
PHYSICIAN'S H.C. Beldon	wash 19 - DC.
220. BORIA). CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) & (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS - 10	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Henry & Washington 4923 Wear	DATE 4 '60 arthur S. Hays

moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remore carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hays ofter death. TTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours TO HOSPITAL VS A1S (4) 1SM 9/SB



STATE OF TRADERS OF BEATH The state of the s · do mane, delle mane delle 

certificate

death

physician

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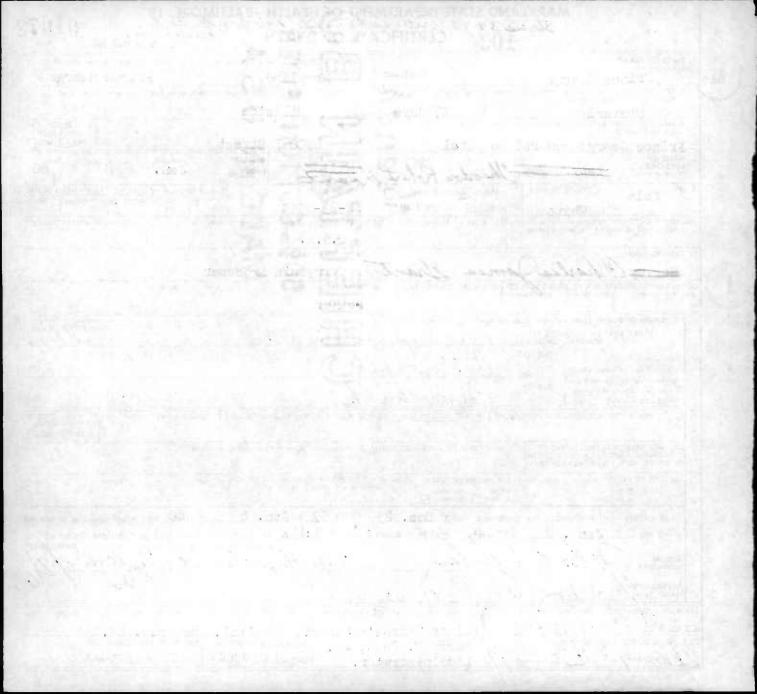
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE S CERTIFICATE OF DEATH and the same of th - The first state COSA in the Charles against a contract and the The state of the s Las andan erani. With a Car Bushelin William to Fi English the control of the control o The state of the second st CALLAN THE STATE OF THE STATE O to a provide the second SSE to be a second of the SE SE SE SE SECOND AND THE RESIDENCE OF THE PARTY - mile y very prove the search a stempt the man 

TO HOSPITAL C ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filled with VS A15 (4) 15M 9/58

prior



VS A1S (4) 1SM 9/58

01034

Place of Death	V
Prince Georges  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Glenn Dale (rural)  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  MARYLAND  D. C.  C. CITY OR TOWN (If outside corporate limits, write RURAL and give in the RURAL and give in th	nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Clenn Dale (rural)  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  C. CITY OR TOWN (If outside corporate limits, write RURAL and give to the street oddress)  d. STREET ADDRESS  d. STREET ADDRESS	nearest town)
Glenn Dale (rural) 13 days Washington 4 X - A. STREET ADDRESS OR INSTITUTION d. STREET ADDRESS OR INSTITUTION	
OR INSTITUTION	3
	e. IS RESIDENCE ON A FARM?
Glenn Dale Hospital 1810 Kalorama Rd., N.W.	YES NO T
3. NAME OF First Middle Lost 4. DATE OF OF	Day Year
(Type or print) Norma Crawford Gross DEATH ]	17 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doy	AR IF UNDER 24 HRS.  S Hours Min.
Female Colored WIDOWED   7/24/13   46 yrs	
during most of working life, even if retired)	OF WHAT COUNTRY?
Unknown - Washington, D. C. US	SA
13. FATHER'S NAME	
John E. Crawford Emma Blackwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   If yes, give wor or dates of service)   III yes, give wor or dates of service   III yes, give wor or da	
No - 577-22-3977 Decedent -	
DART DESCRIPTION	NTERVAL BETWEEN
IMMEDIATE CAUSE (o) CATCLINOMA OF the esophagus	6 months
150 X DUE TO	
Conditions, if ony, which (b) (b)	30 m (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  Pulmonary tuberculosis  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	1000
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ty) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w	
	Al d
alive an1/17/, 19.60, and that death accurred at 11.50AM, fram the causes and an the do	DATE SIGNED
ACTUAL SIGNATURE M.D. Glenn Dale Hospital ]	1/17/60
PHYSICIAN'S Moe Weiss, M. D. Glenn Dale, Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, of county)	(Stote)
1 -20 -60 Washing Com	NI
Burnel 1-20-60 Woodlikum Com Wichington  23. FUNERALDIRECTOR'S SIGNATURE / ADDRESS ( ) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01035 Reg. Dist. No.

	- Carly Landing		The second secon						neg. sie		
1. PLACE OF DEATH					2. USUAL RESIDEN		deceased		24		
	e Georges		MARY	LAND	° Waryl	.and		b. COUNT	Prin	ice	Georges
b. CITY OR TOWN   and give nearest low	Il autside corporate limits, write n)	RUPAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOW	VN (If outsi	de corpore	ote limits, write	RURAL ond	give nea	arest lown)
	t Pleasan	t	5 yrs.		28 Sea	t Pl	easa	nt			
d. NAME OF HOSPI	TAL OR INSTITUTION (II	not in hos	pital, give street address	)	d. STREET ADDR	ESS				-	e. IS RESIDENCE ON A FARM?
750F	F Stre	et			7505	F	Stre	et			YES NO
3. NAME OF DECEASED (Type or print)	Maude V.	Hai	Middle		LosI		ATE OF EATH	Jan		Doy 15	Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9.	AGE  In years	the state of the s	YEAR II	F UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED [		Jan. 7.	187		82 yrs.	Months D	ays h	Hours Min.
10o. USUAL OCCUPATI	ON (Give kind of work d	one 10b. K	IND OF BUSINESS OR I	NDUSTR					12. CITIZI	EN OF	WHAT COUNTRY?
	ng life, even if retired)				Newp	ort	Pen	ทล		J.S.	
13, FATHER'S NAME	011210				14. MOTHER'S MAIL			100		. ~ .	,
George	e Cless				q	arah	Δ	Cless			
15. WAS DECEASED EN	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	ar an	n.	Address			
[Yes, no, of unknown]	[II yes, give war or dates of s		anira atta	mı	onadana	Wath	1000		,	nl	
TIA CAUSE OF DE	ATH [Enter only one cour		anknown	1	neodore	Mero	тел	Same	as (	ןע	AL BETV/EEN
	TH WAS CAUSED BY:				77.			.345777		DINSET A	AND DEATH
111128	IMMEDIATE CAUSE (0)	AC	cute Conge	SEL	Lve Hear	t Fa.	LLur	9			
4-4-6	DUE TO				Mary Control					100	
Conditions, if gove rise to imme		Cε	ardio Vasc	cula	ar Renal	Dis	ease				
(o), sloting the					*						
couse lost.	) (c)_										
PART II. OT	HER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	TERMINAL	DISEASE CO	ONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED?
5											S NO X
PART II. OT	USE WAS INTRIBUTING []	. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter noture of injury i	n Port I or	Part II of i	tem 18.)			
20c. TIME OF INJU		While	NJURY OCCURRED 200	e. PLAC	E OF INJURY (Home, ry, street, office bldg	form. 20	f. (City or	town)	(Count	ly)	(Stote)
	hat I took charge			ahov	e held an Aut	tonsy [	lnen	action MT	Inquiry	107	and in
											and in my
opinion death	resulted from: N	otural c	auses A. Accia	eni	J, Suicide	, Hom	icide [	J. Undete	rmined mo	onner	
ACTUAL	-0.	1/	061		Α						DATE SIGNED
SIGNATURE	ano	0	34 46	3	M.R. CHIEF MEDIC						
EXAMINER'S NAME (Type)	JAMES I.	BOYD	, M. D.	U	ASSISTANT MEDI		97	-	ry 15	, 1	1960.
220. BURIAL, CREMATIC REMOVAL (Specify	226. DATE THEREON	0	NEW FO	RY OR C	REMATORY	22d.	VE V	N (City, town,	or county)	J	(Stote) PFNNA-
23. FUNERAL DIRECTO		an	ADDRESS		240.	REC'D BY	REGISTRAR	24b. REGIS	STRAR'S SIGN	IATURE	-/-/-
W. W.	CHAMB ERS	CO	Riverdal	e.	Md. DAT	E JAN	21 '60	a	ribus S. :	trans	4
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Ritchie Bros. Funeral Home- Mariboro, Md. DATE

24b. REGISTRAR'S SIGNATURE

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240. REC'D BY REGISTRAR

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VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 Film G255 1/27/60 iwk
1022 CERTIFICATE OF DEATH

Reg. Dist. No. ()1()57

1. PLACE OF DEATH								
o. coprince G	eorge	MARYLAND	2. USUAL RESIDENCE (W. STATE Maryland	Pri	nce Gungre	orge		
b. CITY OR TOWN (If o	utside corporate limits, write at town)	c. LENGTH OF STAY IN 1b	Beaver Hei	owside corporate lin	nits, write RU	RAL ond give ne	arest town	)
d. NAME OF HOSPITAL PETINCE GE	(If not in hospital, give stree orge General	Hospital	/ 5302 Addis	on Chapel	Road			IDENCE FARM? NO [
3. NAME OF DECEASED (Type or print)	Willard	Middle	Hamiltön	4. DATE OF DEATH	Month Jan.	1'		1960
S. SEX 6	herefan	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Jul. 14, 19	last		Months Days	Hours	R 24 HRS. Min.
Orderly Gl	(Give kind of work done 10) iffe, even if retired)	al D.C.GOT.		Maryland		12. CITIZEN O		OUNTRY?
3. FATHER'S NAME  Joseph Ha	mpilton		Gussie Bro					
IS. WAS DECEASED EVER IN (Yes, no, or unknown) (If y	N U. S. ARMED FORCES? 16 res, give war or dates of service)	The second secon	informant orris I. Ham			h ST. N.		1
Conditions, if ony, gave rise to imm couse (o), stoting the lying cause lost.  PART II. OTHER	ounder DUE TO (c)	nges/ive guere ens/ contributing to DEATH BUT						AUTOPSY RMED?
20a. ACCIDENT WAS I OR CONTRIBUTING I (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. Whil		ED. (Enter noture of injury in LACE OF INJURY (Hame, for loctory, street, office bldg., et	m, 20f. (City ar tay		(County)		(State)
		-		-			ام معالجي.	
21. I certify that alive on	Henry	ased from dense 60, and that death A. Whose			auses and	an the date	stated	
actual SIGNATURE PHYSICIAN'S		A. MAS E	m occurred at <b>2:30</b> m.d. <i>9005</i>	AM, from the c	auses and ity ar town, st	an the date (ote) (2anha (2anh	stated	abave signed M

## District the state of the state

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M. Committee			white e		12:500F
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			OF HELDER		AND RED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEPTIEICATE OF DEATH

			102	CERTIFI	CATE OF L	JEAIN			Reg. D	ist. No.	
	PLACE OF DEATH		Ting	MARYLAN	2. USUAL RESI		e deceased	lived. If instit b. COUN	rution: Reside	nce before od	missian)
		Georges (If outside corporate li	mits write	c. LENGTH OF STAY IN	Maryta			An Harita mult	PILLICO	e Georg	500
	RURAL and give	nearest town)	miis, wille	C. LENGTH OF STAT IN	14/2		side corpord	re limits, write	e KUKAL ong	give nearest t	own)
	Cheverly	WAL 415 L		2mo.	Brent					10	DECIDE
		ITAL (If not in haspital		address)	d. STREET A					Of	RESIDER
	Prince G	eorges Gen	eral		4506-	- 39th.	St.			YES	O N
1	NAME OF DECEASED		First	Middle	las	st 4	OF DATE	Λ	Aonth	Day	Yea
- (	(Type or print)	Fran	cis	J.	Hanl		DEATH	Jan		12	19
5. 5	SEX	6. COLOR OR RAC	E 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRT		9	. AGE (In year		R 1 YEAR IF UI	
	Molo	White	WIDOW	ED DIVORCED	1-7-89	-		27.79	rs. Months	Days Hou	urs
100		ION (Give kind of wor	k done 10b.	KIND OF BUSINESS OR IT	DUSTRY 11. BIRTHPE	LACE (Stote or	foreign cou	ntry)	12.CIT	IZEN OF WHA	ATCOU
1	during most of wo	rking life, even if retir	ed)	D RK	1307	-	D			1151	7
13	FATHER'S NAME	week hos	1/1/	eun 111	14. MOTHER'S	MAIDEN NA	ME	2		0001	
	10	DA >	1	0		MAIDELY IN	201	0	1	0	
(	John,	elen K	Jan	ly,	tu	cusa	116	- kn	100	6-	
	WAS DECEASED EN	ER IN U. S. ARMED F		SOCULE SECURITY NO.	INFORMANT	0	-1	A	ddress	/	10
	155	ww:	T.	116-05-515	9 Mar	uga.	Han	ner	alear	ie ada	Kre.
	18. CAUSE OF DE	ATH [Enter anly one	couse per li	ne for (a), (b), and (c).]	/	1		1		INTERVAL	
	PART I. DE	ATH WAS CAUSED BY		Pulmonary ede	me					ONSET A	
	1115	IMMEDIATE CAUSE		uniforiary eac	311) EX			-			
	465				77.1.	. 5.2				do	Y C C
	Canditians, if	immediate (		Multiple Puln	ionary emb	017				da	ys
	cause (o), statin	the under-	ro								
7	lying couse lost		(c)							1	
CATION	PART II. O	THER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION	GIVEN IN PAI	PE	REORM
CERTIFI	20a. ACCIDENT V	AS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture o	of injury in Po	rt I or Part	l of item 18.)			
		Y MEDICAL EXAMINE	1	1							
MEDICAL	20c. TIME OF INJU Hour a. m		Year 20d. I While		PLACE OF INJURY ( foctory, street, office		20f. (City o	or town)		(County)	
₩.	p. m	10	ot was	rk ot work			1				
-	21 Leartifu	hat I attended t	o deceas	ed from No	7. 13, 1959	to Jai	n -	12 106	Othat I I	act carry the	a day
						,					
	alive an Jar	l•	, 12_	_60_, and that de	ain accurred ai			ne causes et, city or tov			DATE
	ACTUAL /A	1 . 0 1 10					D	er, city or tov	wn, statej	1 10	PAIE
	SIGNATURE	lacar 13	· M	mens	M.D	03	reti	-4 11		1-12	6
	PHYSICIAN'S NAME (Type)	Vald.	7	Vloyers	^	1 E. K	Pair	rier	Md	, 	
	LANGE (1) ba)		-								
220	BURIAL, CREMATI	ON, 22b. DATE THER	EOF		Y OR CREMATORY	2		ON (City, tow	n, or county)	(	Stote)
220		ON, 22b. DATE THER	EOF 19/6	22c. NAME OF CEMETER	Y OR CREMATORY	2		ON (City, tow	n, or caunty)	P	Stote)
57		1-13-	1960	22c. NAME OF CEMETER	y OR CREMATORY  Jenny  Jenny  Jenny	clary	2d. LOCATIO	toon	in, or county)	Pa	Stote)

TO HOSPITAL CX-ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retained by the haspital or ottending physician.

VS A1

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	LUZ CERTIFIC	AIE OF DEA		CELL	Reg. Dist. N	lo.
1. PLACE OF DEATH PRINCE GOORGES	s MARYLAND	MARTILAND	Where deceased liv	ved. If institution b. COUNTY	n: Residence be ANNE AF	
b. CITY OR TOWN If outside sorporate limits we rural and give add live and MANDREWS ATR FORCE BASE	d. Transient	BRISTOL (R			IRAL and give $X - 2$	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give son institution USAF HOSPITAL ANDREWS		d. STREET ADDRESS NONE	AME		7, 0,	e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF First DECEASED (Type or print) EDNA	Middle MAE	Lost HARDESTY	4. DATE OF DEATH	JANUAF		Pay Year 7 19 60
EDWAY D CALLON CEAN	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 27 DECEMBER		AGE (In years lost birthday) 54 yrs.	Months Days	AR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane HOUSEWIFE even if retired)		OUSTRY 11. BIRTHPLACE (STORE WASHINGT		try)		OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDER	NAME			
HOWARD TUCKER		MARY V T	UCKER			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES: [Yes, no, or unknown] [If yes, give wor or dates of service]	8	INFORMANT Shir		Addre BRISTOI		LAND
18. CAUSE OF DEATH [Enter only ane cause PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (o)	per line for (o), (b), and (c).] CARDIAC ARREST				0	NTERVAL BETWEEN NSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to immediate DUE TO	VENTRICULAR FIB	ULATION				IMMEDIATE
	ARTERIOSCLEROTIO	C CORONARY AR	TERY DIS	EASE		1-2 YEARS
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I ar Part II	af item 1B.)		
Hour a.m.	20d. INJURY OCCURRED 20e. While Nat while of wark at wark	PLACE OF INJURY (Hame, for foctory, street, office bldg.,	orm, 20f. (City or etc.)	town)	(Caunt	y) (State
ACTUAL SIGNATURE TO THE SELECTION OF THE	19 60 , and that dea	th occurred at 0920	ADDRESS (Stree	e causes and t, city or tawn, s E BASE	d an the da	7 JAN 60
PHYSICIAN'S THOMAS D. B. FENN	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	N (City, tawn, a	r caunty)	ON 25, D.C.
Burial 1/11/60	\$mithville ral Home Marlb		SM1t Manbires 1804	hville R 24b. EEGIS	TRAP'S PICHA	Md.

moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL VS A15 (4) 1SM 9/SB

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er death. Page 4

requires that the deoth certificate be executed within 24 hours

TTENDING PHYSICIAN: The law

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## FOR STATE HEALTH DEPT TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is essay, please execute the describes, writing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral strector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01040

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

		" COUNTY	L RESIDENCE (Where deceased lived. If institution-Residence before admission)
	0	o. COUNTY Prince Georges MARYLAND O. STA	TE Mary Care Price Const
1	Ь	b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CIT and give negrest toward.	Y OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ď	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  (d. STR	EET ADDRESS  (37,4,8 UPPER MARLBORD)  (37,4,8 UPPER MARLBORD)  (37,4,8 UPPER MARLBORD)  (37,4,8 UPPER MARLBORD)
	0	3. NAME OF DECEASED (Type or print) Lehr Wesley Har	Lost 4. DATE Month Doy Year OF DEATH LOSE 17 1960
	5. 5	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF	BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
	2	Wesle Holory WIDOWED DIVORCED 3-1	VN-1101 20 yrs.
1	10o.	100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired)	THPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  (1) S, A,
	13.	13. FATHER'S NAME	IER'S MAIDEN NAME
		UNKNOWN	VKNOWN DED # BOLDY
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no of unknown)   Iff you, give war or dates of service)   1. 19368531 GERAL	DINEBROWN UPPER MARLBOROMD
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c). ]	INTERVAL SETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	el. 1
		420, 1. DUE TO	
Н		Conditions, If ony, which) (b) Commerce	
	Š	(a), stoling the underlying DUE TO Cardiovas ce	elas renal disease
	ATTON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION		of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factory, street, of work of work	JRY (Home, form, office bldg., etc.) 20t. (City or town) (County) (State)
		21. I certify that I taak charge of the remains described above, held	an Autapsy . Inspection . Inquiry . and in my
		opinion death resulted from: Natural causes V, Accident , Su	icide, Homicide, Undetermined manner
			DATE SIGNED
		SIGNATURE M.D.	IEF MEDICAL EXAMINER
		EXAMINER'S	PUTY MEDICAL EXAMINER
	220	220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CHETERY OR CREMATO	RY 22d. LOCATION (City, lown, or county) (State)
	13	The state of the s	wareh waldort Ma.
1	23	23 AUMERAL DIRECTOR'S SIGNATURE DULIUS ADDRESS 4 339	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
h	T.	rul de, 11.6, 1	DATEJAN 22'60 Certhur S. Kross

VS. A15ME 5M 2/57

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				- removed
		NAME OF STREET		

VS A15 (4)

15M 9/55

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give negrest tawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO IX NAME OF 4 DATE First Middle Last Year DECEASED DEATH (Type or print) aru 196 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours OC yrs WIDOWED I DIVORCED T 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life eyen if retired) 12. CITIZEN OF WHAT COUNTRY? Dure we 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 720 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] THITERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) days DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour a. n. factory, street, affice bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from , 19\_\_\_\_,that I last saw the deceased alive an and that death accurred at 2.13 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL COULTO.

PHYSICIAN'S

NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria

23. BUNERAL DIRECTOR'S SIGNATURE N 1240- REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 2 2 '60 Certhury S. Krams

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY NONE Pr.Geo. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO IN Month Day Yeor 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH 27 MINS PERFORMED? YES NO (County) (State) , 19 60, to 9 JANUARY 19 60, that I last saw the deceased and that death occurred at 1052 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED HOSPITAL ANDREWS ANDREWS WASH 22d. LOCATION (City, town, or county) (State)

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	e was million		THE RESIDENCE OF THE PARTY OF T	MARKET TOTAL	
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		1105		AL EXAMINE		CERTIFICA	01	PLAIN	Reg. D	Dist. No	<b>.</b>	
1.	PLACE OF DEATH	Prince Geor	ges	MARYL	AND	2. USUAL RESIDENCE (	Where deced	b. COUNT		ence be		ission)
t	and give negrest to	(If outside corporate limits, write dar Heights	RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (I	f outside con		RURAL on	d give r	nearest to	own)
		tth Avenue		ospital, give street address)		d. STREET ADDRESS	64th	Avent	ıe		ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	George	ıł	Middle H	lopk	ins	4. DATE OF DEATH	Monti Jan		Day	07	Year 19 60
5. 5	ex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED  DIVORCED		DATE OF SIRTH Unknown		9. AGE (In years last brithday) 60? yrs.	IF UNDER	Days Days	Hours	Min.
10a	. USUAL OCCUPAT luring most of work	ION (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	NDUSTR	Marylan		country)	12. CIT		F WHAT	COUNTRY
13.	FATHER'S NAME Benjar	min Hopkins	3			14. MOTHER'S MAIDEN	name rtha	Quinn				
15. (Yes	WAS DECEASED E	VER IN U. S. ARMED FO (If yes, give wor or dates of		SOCIAL SECURITY NO.	17. IN	FORMANT Sadie	Anders	on; same sville St	addre	ess	as #	2.
		ATH [Enter only one can ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line			tive heart				INTE	RVAL BETWEET AND DE	EEN ATH
	Conditions, if			Cardiovas	cul	ar renal dis	sease.					• , .
	(o), stating the couse lost.	underlying DUE TO (c)										
CERTIFICATION	PART II, O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INALDISEAS	SE CONDITION GIV	EN IN PAR		9. WAS PERFO YES [	AUTOPSY DRMED?
	20g. EXTERNAL CAPRIMARY TO OF CO	AUSE WAS DISTRIBUTING 120	b. DESCRIE	BE HOW INJURY OCCURR	ED. (Er	nter noture of injury in Par	rt I or Part (i	of ilem 18.)				, -)
MEDICAL	20c. TIME OF INJU Hour a. m p. m		Whi		PLAC focto	E OF INJURY (Home, forr ry, street, office bldg., etc	n, 20f. (Cit	y or town)	(Co	unty)		(State)
				remains described  Accident [],			_	nspection 🔼, ndetermined o	_	-	, and	find the
	ACTUAL SIGNATURE	ohn 9	Ma	loney		_M.D. CHIEF MEDICAL E			ınuary	, 21		SIGNED
220	EXAMINER'S NAME (Type)	John T. Ma		M.D.	W-OPA	DEPUTY MEDICAL	EXAMINER	_		طودة	(Stat)	

24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

ADDRESS

VS. A15ME(5) 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE

SMEROMINAL-RICES TO PENTAGUES AS CALLYION MYARIOTO TIANTITISES ESTERMANDI LADREM SEL California and California 3 1-1 3 #172 BIT 1725 BIT 172 in the same of the A Die A program Weiterball III gebral state besteht alle de beitre de la conference de la c AND PERSONAL PROPERTY OF THE PARTY OF THE PA Committee . The same of the sa

01045

Reg. Dist. No.

1. PLACE OF DEA	e George's		MARYLAI		o. STATE Maryl		b. COUNT				
b. CITY OR TO	WN (If outside corporate limits, writest town)	e RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (II	f outside co	rporote limits, write	RURAL on	d give n	eorest to	wn)
	HOSPITAL OR INSTITUTION	If not in hos	pital, give street address)		d. STREET ADDRESS Talbot A	ve. #	320 /			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	THOMAS	NEISH	HOS KINSON	1	Last	4. DATE OF DEATH	Jan	1	27		<sup>(ear</sup> 60
S. SEX Male	White	WIDOWED		1	Dec. 1910		9. AGE (In years log) yrs.	Months	1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCI during most of Teache	UPATION (Give kind of work working life, even if retired)	done 10b. K	ablic School	USTRY	Ohio	or foreign	country)		S.A.		COUNTRY
13. FATHER'S NA Jack Hos				ľ	Anna Nei			E BY			
1S. WAS DECEAS (Yes. no. or unknown)	SED EVER IN U. S. ARMED FO				K. Allisa	-	Carolia ester, We			(Frie	end)
gove rise to (a), stating cause lost.	if any, which immediate cause the underlying to	)	Cardiova	ascı	estive hear ular renal	diseas	5 <b>e</b>	'EN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY
PART I	AL CAUSE WAS OF CONTRIBUTING   2	Ob. DESCRIBE	E HOW INJURY OCCURRED	D. (Ente	er nature of injury in Po	rt I or Port I	l of item 18.)			YES 🗍	NO A
	o. m. p. m.	While		PLACE	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (Cit	ly or town)	(Co	unty)		(Stote)
21. I certi	ify that I took charge ulted from: Natural	couses	emoins described o	Suicio		E , L  XAMINER C  CAL EXAMIN	ER 🗌	cause [		DATE S	
220. BURIAL, CRE REMOVALIS	mation, 22b. Date Thereopecify) 1/29/60		22c. NAME OF CEMETERY Arner Fune:		Home.	East	Liverpo		(	(Stote Ohdo	
F. Gas	ector's signature sch's Sons	Hyat	ADDRESS tsville, Mo	d.		D BY REGIS		STRAR'S SI			

TO DEPUTY ICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay cessary, please executed the contact, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crepation. ar remaval VS. A15ME(S) SM 9/55

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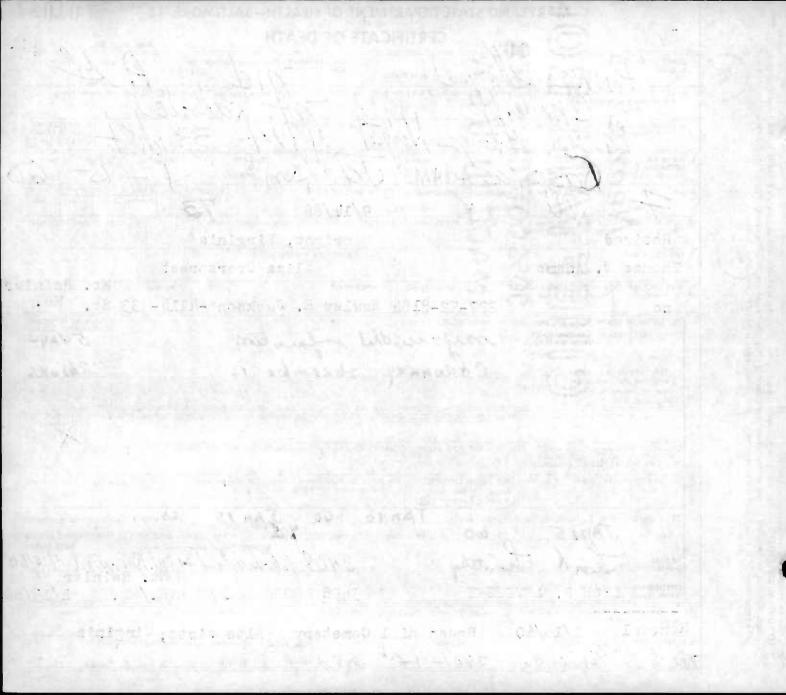
		177	CERTITI	CAI	L OI DEA			Reg. D	ist. No.		
. PLACE OF DEATH o. COUNTY Prin	ce Georges		MARYLAN		usual residence o. STATE Mary	(Where decea	sed lived. If institution b. COUNT				
b. CITY OR TOWN (If RURAL ond give, ned	outside corporate limits. prest town) tyRiverdal		NGTH OF STAY IN	- 11	C. CITY OR TOWN	(If outside controls;		RURAL ond	give rear	rest tow	n)
OR INSTITUTION	AL (If not in hospital, giv Leland Memo				d. STREET ADDRESS	s 42nd	Ave.		•	ONA	FARM?
NAME OF DECEASED (Type or print)	First ALICE		Middle VIRGINIA		Losi LTBERG	4. DATE OF DEAT	_	onth Y	Day		Year 19 60
. sex Female		WIDOWED 🔼	DIVORCED	]	ATE OF BIRTH March 7,1		9. AGE (In years lost birthdoy) 88 yrs	Months	Days Days	Hours	Min.
during most of working Housewife	N (Give kind of work do ng life, even if retired)		of Business OR III	NDUSTRY	11. BIRTHPLACE (SI		country)	12. C	U.S		COUNT
3. FATHER'S NAME Stephen	Hunter Wil	liams		14	. MOTHER'S MAIDE Sara	n name th Poin	dexter				
S. WAS DECEASED EVER	IN U. S. ARMED FORCE I yes, give wor or dates of sen	16. SOCIA	AL SECURITY NO.	7. INFO		tal ch		dress			
Conditions, if an gove rise to im couse (o), stoting to lying couse lost.	he under-	Trte	rio sc	ler	-otie	hea	rt di	sea	se	2	400
PART II. OTH	UNDERLYING 2 2		HOW INJURY OCCU					IVEN IN PA	RT 1(a) 19	PERFC	AUTOPSY PRMED? NO
20c. TIME OF INJURY Hour o. ji. p. m.		20d. INJURY While of work	OCCURRED 20e Not while of work	PLACE factory,	OF INJURY (Home, I street, office bldg.,	form, 20f. (C	ity or town)		(County)		(Stote)
alive an ALE	awrence We	. 12.5 9 Coll	male	<u>Z</u> M.D.	0(	ADDRESS	(Street, city or town	and an	the date	e state	
Cremation	Jan. 6, 196		name opcomes rt Lincol				ATION (City, town,		yland	(Stot	e)
3. FUNERAL DIRECTOR'S			ADDRESS rdale, Mar	ylar		EC'D BY REG		ISTRAR'S SI			

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurement. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, Item 9 FilmG256 2-11-60 et	18
	10cm / 111mc2/0 2-11	

CERTIFICATE OF DEATH 1005

01048 Reg. Dist. No.

1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE a. STATE		ed. If institution b. COUNTY				
	Georges County		Maryl				e Geo		
RURAL and give	N (If autside carporate limits, write e nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carporate	limits, write RU	RAL and give	nearest tav	vn}	
	rly. Md.	13 Days	X Upper	Marlboro	, Md.				
d. NAME OF HOS	SPITAL (If nat in haspital, give stree		d. STREET ADDRESS				e. IS RI	SIDENCE A FARM?	
	Georges General	Hospital	Marlboro	Pike				NO 🔯	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Manti	h	Day	Year	
(Type ar print)	Frank	T	Jackson	OF DEATH	7		26	19 60	
S. SEX	6. COLOR OR RACE 7. MAI	RRIED- NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS	
Male	Colored WIDOV	-	3-20-98		62 61yrs.	Manths Da	ys Haur	Min.	
On USUAL OCCUPA	ATION (Give kind of work done 10th			ate ar fareign caunt	γ)	12. CITIZEN	OF WHAT	COUNTRY	
during mast of v	warking life, even if refired) NE	val gun Fac	tory Mary	land		U.	S.		
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME					
W:	illiam H. Jack	cson	Rebecca	Brown					
IS. WAS DECEASED	EVER IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO.	INFORMANT		Addre	955			
(Yes, no. or unknown)	(If yes, give war or dates of service)	218 16 0679	Thomas Ja	ckson Up	per Ma	rlbor	o,Md	•	
1B. CAUSE OF	DEATH [Enter anly ane cause per	line far (a), (b), and (c).]					NTERVAL E		
PART I. I	DEATH WAS CAUSED BY:	andia Vasaulan	Di sassa			(	DNSET AN	DEATH	
111/24	IMMEDIATE CAUSE (a) Cardio Vascular Disease								
4401	Typer centarent and cremita								
Canditians, i	fany, which (b)			100		-			
cause (a), stati									
lying cause la	) (c)								
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVE	N IN PART 1(	a) 19. WAS	ORMED?	
CAT							_	] NO [	
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING   20b. DE ING   CAUSE OF DEATH IFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I ar Part II a	of item 1B.)				
	JURY Manth, Day, Year 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY (Hame,	farm, 20f. (City or 1	lawn)	(Cour	ntv)	(State)	
Haur a.	m. 19 Whil	e Nat while fo	actary, street, affice bldg.,				,,		
₹ p. i	m.	ark at wark	1.0	i 1	f in				
21. I certify	that I attended the deced	ised fram. 1=13	, 19 60, ta	1-26	, 19_b/P,t	hat I last :	saw the	deceased	
alive an	1-26 , 19	and that deat	h accurred at 11.	19 from the	causes ond	on the d	ate state	d above	
	110		A -	ADDRESS (Street,			y- DA	TE SIGNED	
ACTUAL SIGNATURE	KW James	my.	M.D. Posmoe	georges	. Clare	ral H	want . Sh.	11/20	
3101141012			_moqued_quee	1	<	170	1		
PHYSICIAN'S NAME (Type)	R.D. BALER.	M.D.	C	herods		Mil.	,		
22a. BURIAL, CREMA	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OP CREMATORY	22d. LOCATION	(City, town o	r countyle	151	gte)	
PEMOVAL (Spec		Mt. Cov.	me. I	Uppe	0.4	rylba	rn	M	
23 FUNERAL DIRECT	SARA SIGNICULEI). 11	ADDARS 399 1	rent PR. 240. F			TRAR'S SIGNA	ATURE	1	
my	le Collin	manta	DATE DATE	FEB 1 '60		thur & +			
	7	1110, JI W	DATE	30	-	A. /	vience		

TO HOSPITAL VS A1S (4) 15M 9/SB

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ding	afe	oq e	r re	
I ar attending physician.	is certificate has been signed by the attending physician and campletely filled in by the funeral directed	use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should befitled with	matian, ar remayal, and in any event within 72 hours after death.	
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1106 CERTIFICATE OF DEATH  Reg. Dist. No.
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) Lille 3 Lyune X Carryly Hills
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  SUD - 72 und Plane  SUU - 72 und Plane  G. IS RESIDENCE ON A FARM? YES   NO
	3. NAME OF DECEASED (Type or print) GEORGE EDWARD JACOBS, DEATH Juniary 27 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED Feb 14 1879 9. ACF (In years lost birthday) Windows Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done due) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Light Value
	WM JUDSIN JACOBS. CORNETIA ALTHEA JENNING
	16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 10. S
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  INTERVAL BETWEEN ONSET AND DEATH  Y Howe
	Conditions, if any, which gove rise to immediate (b) artinox levelin Heart Driege Loyen
	lying cause last. (c) Cathradwith Pulmonay Employeen 20 ple
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTING CONTRIBUTING CONTRIBUTION
	20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19 20d. INJURY OCCURRED While at work of wark 19 20f. INJURY (Home, farm, foctary, street, affice bldg., etc.)
	21. I certify that I attended the deceased fram June 15, 1941, to January 1, 196, that I last saw the deceased alive an June 10, 196, and that death accurred at 6 3MM, fram the causes and an the date stated above.
	ACTUAL SIGNATURE William Brann, M.D. 6124 Central And 127/6
	PHYSICIAN'S WM BRAIN'IN Capital Heights my
	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
1	ADDRESS 300-47Ket 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LENGTH 24b. REGISTRAR'S SIGNATURE
E	See Merce Horrie 1.2. Wash 2 De. Dale JAN 29 160 arthur & Knowle

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TO HOSPITAL

VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01051

**CERTIFICATE OF DEATH** 1073

Pan	Diet	No	

1.	PLACE OF DEATH a. COUNTY Prin	ce Georges		MARYL	AND	2. USUAL RESID	ence (who	ere decease	d lived. If institut b. COUNTY				
	RURAL and give ne	f outside corporate limi carest tawn) rdale	s, write	c. LENGTH OF STAY IP	ч 1ь		own (If or	_	prote limits, write	RURAL and	give near	est fown)	
	OR INSTITUTION	AL (If not in hospitol, g Leland Memo				d STREET AT		th Pl	•		•	ON A I	FARM?
3.	NAME OF DECEASED (Type or print)	fir FREI		Middle WILBUR		JONES		4. DATE OF DEATH	Janua	nth ry	Day		ear 9 60
\$.	SEX Male	6. COLOR OR RACE white	7. MARR	HED MEVER MARRIED  DIVORCED		8. DATE OF BIRTH 8-23-8			9. AGE (In years last birthday) 78 yrs	Manths	R 1 YEAR I Days	F UNDER Hours	R 24 HRS, Min.
10	during most of wark	ON (Give kind of work of ing life, even if retired		KIND OF BUSINESS OR Security &			CE (Stote o		ountry)	12. CI	TIZEN OF		OUNTRY?
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Loui	s Jones					unkr	nown					
15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		-	Ade	dress			
(1)	es, no. or unknown)	(If yes, give war or dates of a	57	8 10 7056		Hospi	tal R	ecord					
ı		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b), and (c).]	ai	lesse	1 le	lec	desi	11		T AND I	
	242.4	DUE TO	1	2	4	+ Ann		36		7	1	mi.	1 . 4
	Conditions, if ony, which) (b) I alloy of the												
	gave rise to it		ري	to last	, -	7	1-1	-			100		
_	lying cause lost.	) (c	)	co og	1	ma	lle	23	um-	cel			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 3 NO 1												
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of	injury in P	Part I ar Poi	t II af item 18.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED Nat while at work		ACE OF INJURY (I ctory, street, office			y or lown)		(County)	4	(Stote)
	21. I certify th	at I attended the	deceas	ed fram Kill	4	1859	to 1	tern	41960	1.that I	last say	w the c	deceased
	alive an 42	213	19.	^	death	occurred at	U	_M. frai	n the causes				
		17/11	1.	17 1					treel, city or town				TE SIGNED
	ACTUAL SIGNATURE	~ (1)/	na	len		M.D	12	ue	ula	Ce m	rel	1-	4-6
	PHYSICIAN'S L	awrence W.	Mali	n, M. D., 4	404	Queensb	ury R	d., R	iverdale	, Mar	yland	1	
	o. BURIAL, CREMATIO REMOVAL (Specify)	1/7/60	F	Ft Lincol				-	TION (City, town,			(Stote)	
	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS				D BY REGIS		ISTRAR'S SI		( E)	
	F. Gasch	's Sons	Hyat	tsville Md			DATE JA	AN 7	'60	Irthur	8. Krai	4	

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VS A15 (4) 15M 9/5B

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

1107 CERTIFICATE OF DEATH

N

01052

Reg. Dist. No.

					Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Pr	ince George	es Maryland	2. USUAL RESIDENCE (W		f institution: Residence COUNTY Pr.	before admission) Geo®g
	f outside corporate limits, w		c. CITY OR TOWN (IF o	outside corporate limits,	, write RURAL and giv	re nearest tawn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give :	street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Middle Clark	Jones	4. DATE OF DEATH	Month January	Day Year 20 19 60
5. SEX Female	White will	MARRIED NEVER MARRIED TO	March 5, 1	1870 8	In years rithday) Months D	YEAR IF UNDER 24 HRS. ays Haurs Min.
during most of work  Housekeep  13. FATHER'S NAME	king life, even if retired)	Own Home	Marylar	nd	F	S · A ·
John Clay			Frances			
	R IN U. S. ARMED FORCES: (If yes, give war or dates of service			Jones-Mit	Address chellvil	Le, Md.
293 X Conditions, if or gove rise to in cause (o), stating lying couse lost.	mmediate DUE TO	Congestion Secondary	y anew	FaiBu	Jawa Siyen in Part	1 gent 3 gon
PART II. OTH	AS UNDERLYING   20b   CAUSE OF DEATH   MEDICAL EXAMINER)	Urios clur DESCRIBE HOW INJURY OCCURR	EED. (Enter noture of injury in	Port I or Port II of item	n 18.}	PERFORMED? YES NO
20c. TIME OF INJUR Hour a. m. p. m.			PLACE OF INJURY (Home, form actory, street, affice bldg., etc		(Co	unty) (Stote)
1/1	and lattended the de and box ames E.	C A	h accurred at 11 A M.D. Ufofa M.D. U		ises and on the	saw the deceased date stated above DATE SIGNED MALL-21.
20. BURIAL, CREMATION REMOVAL (Specify) Burial 3. FUNERAL DIRECTOR	1/23/60:	22c. NAME OF CEMETERY St. Barnal	oas Cem:	22d. LOCATION (City  Leeland  'D 8Y REGISTRAR 24		(Stote)
		Marlboro, Md.		AN 26'60	arthur S. 1	

TIME CENTROPER OF DEATH Recorded of the state of the state of the state of the state of the same design as the second model and the same of the same and MEDIO DESCRIPTION TO THE PROPERTY OF THE PROPE the realistic formation down the cold is a A CONTRACTOR OF THE PARTY OF TH 1/25/60: 11: Establish the State Control of the Con The state of the s 1

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

128	CERTIFICA	ATE (	OF	DEA	TH

01053

			102	S CERT	IFIC.	ATE OF DEATH	1		Reg. Dist. No	Granon.
1.	PLACE OF DEATH O. COUNTY Pri	nce George	es	MAR	YLAND	2. USUAL RESIDENCE (What is state Maryland	ere deceased	lived. If institution b. COUNTY	n: Residence before	are admission)
	b. CITY OR TOWN (If RURAL and give nec	autside carporate limi		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o				
	d. NAME OF HOSPITA OR INSTITUTION Pri	nce George				d. STREET ADDRESS	St.			e. IS RESIDENCE ON A FARM? YES NO 3
	NAME OF DECEASED (Type or print)	Fir Madge	st (Em	erline J	orda	last N	4. DATE OF DEATH	Mont Jan		y Year 14 19 60
S. !	Female	6. COLOR OR RACE White	7. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SEL PENNONNER XON SES	** []	8. DATE OF BIRTH 6-28-82		9. AGE (In years last birthday) 77 yrs.	Manths Days	R IF UNDER 24 HRS. Haurs Min.
	Dressmal  FATHER'S NAME	ng life, even if retired	)	t Home	OR INDU	Pittsfie	ld, 0	hio	U.S	A.
13.		res				Mary Nor		intinc)		
1S. (Ye	was deceased ever	IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO		rs. Doris E	. Sep		4809 En	
TION	Conditions, if an gave rise to im cause (a), stating the lying cause last.  PART II. OTH	he <u>under-</u>	Cr	Deriose lep	e fia	CAN VISC	NAL DISEASE	LISTERS &		19. WAS AUTOPSY PERFORMED?
L CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRE	D. (Enter nature of injury in I	Part I ar Part	II af item 18.)		YES NO
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d, IN While at wark	Nat while at wark	20e. PL	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.	20f. (City	ar tawn)	(Caunty)	(State)
	21. I certify the alive an Jar	at 1 attended the	decease		death	22, 19.60, to accurred at 8:50A	M, fram		d an the date	
	PHYSICIAN'S R	P. BAKE	R	M.P.		Ade	lehi		7	md-
	BURIAL, CREMATION REMOVAL (Specify)	Jan. 26,	1960	Le		tery	Rt.F	10N (City, town, o	·lin. o	(State)
23.	W. Char	nbens C	. 5	201-Clev	(Iver	Ave. DATE	D BY REGIST	RAR 246. REGIS	STRAR'S SIGNATU	

TO HOSPITAL VS A15 (4) 1SM 9/58

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42		See ( Sept. Crass.) Supplies ( Sept. Crass.)					
	3/ 2/ 2/2-	- True Municipal County of Figure 1					
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118/11							
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TOSS CERTIFICATION SEOT Sorry D. Brown Section . Sec. Sec. 10 4091/120 - See 10 1994 See at any many and the secretary was the form plane in the Company of the property of the company of the compa and the state of the state of the state and a street Almondey Steads A3019 To Long en Lieux de later man local Ballier des her de fil .C. a simple of Level to the will be the The state of the first termination of the state of the st

VS A15 (4) 15M 9/58

01056

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY MARYLAND					a. STATE b. COUNTY  Description: Residence before admission)							
	Prince G		ita surita I	LENGTH OF STAY IN	31.	Maryland Prince George							
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  Cheverly  3		3 Days	10	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
ł		AL (If nat in haspital, s		-	d. STREET ADDRESS						e. IS RESIDENCE		
	OR INSTITUTION		ON A FA							FARM?			
				Hospital	11	4107 01	iver					YES [	NO 🗆 X
ı	3. NAME OF DECEASED	Fin	rst	Middle		Last		4. DATE OF	A	Manth	Da	y Y	eor .
	(Type ar print)	Sadie				Kline		DEATH	Ja	n.	19	1	960
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 0	DATE OF BIRTH			9. AGE (In year lost birthda	y) Months		IF UNDE	
	Female	White	WIDOWED	DIVORCED		Nov. 27.	1889	9		rrs. Months	Doys	Hours	Min.
	10a. USUAL OCCUPATIO	a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN											OUNTRY?
during most of warking life, even if retired)  HOSE WIFE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME											h.c	/\	
											7		
1	D	01-				4 D to 100 10		1000	10		0	ECEA	
ł	15. WAS DECEASED EVER		STINE	DECEASION NO.		RMANT	ELL	EN		B 017 0	400	EGE.	ASED
V		If yes, give war or dates of s		CIAL SECORIT 140.	# / A W	20.1 981			4107	SEI VE	2 3	000	
1	NO				TAI	CICY VY	1KL	INE	HYAT	TSVILL	13	יחואו	
4		TH [Enter only one co	use per line	for (o), (b), and (c).]		2	,	0	< 1	1		RVAL 8E	
1	PART I. DEAT	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	L	rebror	asi	cular	- 0	Loci	dens	~		121	m
1	422.1	DUE TO		0 .4	1	-/	0	1.		1			
1	Conditions, if an	y, which )	. /	Merina	ckin	ater 1	and	lin	MARN	lan			
1	gove rise to immediate DUE TO						-000	0000	-	1.007		11	
1	lying couse lost.	couse (o), staring the under-						1)	1010	al.		40	no.
1				NTRIBUTING TO DEATH	BUT NO	T RELATED TO TE	HE TERMIN	IAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(a) 1	9. WAS/	UTOPSY
	ZOLACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	olin Co	Alus	NTRIBUTING TO DEATH	7FI	minal	197	1 -	Benero	1-1/	11		RMED?
1	L 20g. ACCIDENT WA	S UNDERLYING []	20b. DESCR	ISE HOW INJURY OCC	URRED. (I	Enter noture of i	niury in Po	or Por	(A/AMA)	in it	11		110 14
		CAUSE OF DEATH MEDICAL EXAMINER)						0	/	4	kg.		
1	20c. TIME OF INJURY Hour a.m.	Manth, Day, Ye				OF INJURY (Ho			or town)	1150	(County)		(Stote)
1	Hour a.m.	19	While of work	Not while of work	racion	y, sireer, office b	iag., eic.)						
1	21 I cortifu the												
1	alive an Jan	21. I certify that I attended the deceased from Jan 16 , 19.60, to Jan 19 , 19.60 that I last saw the deceased alive an Jan 19 , 19.60 , and that death occurred at 11:15%. Here the causes and an the date stated above.											
	dive di		, 19.60	and that a	earn oc	corred at_1			the causes treet, city or to		e date		abave.
1	ACTUAL	mon	Wat	h		11	1-1	CORESS (S	col city of lov	wii, sidie	10	11	10/1
	SIGNATURE	1-1-1	TUI	2000 h	M.D	7	200	) 60	11€0€	MV	6.1	/-/	19/620
	PHYSICIAN'S NAME (Type)	Vm. A.	110	1brook	MI	Pa	1/1/0	ce.	Park	+ /V	1		
F		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (22d, LOCATION (City, town, or county) (Stote)											
	REMOVAL (Specify)	ANDAKY-2	2.1960	Branga	mo (	EMENSI		Bur	11 1 211 2	11/neu	10.	MA	
1	23. FUNERAL DIRECTOR'S		1/1001	ADDRESS	1100		1	BY REGIST	TRAR 245 PI	EGISTRAR'S S	IGNATIII	RE	
	10	W. Kn	1to	BOCNSB	030	/Y(1)	1			thur S.	1 1		
1	Juliun	N. Wu		1-06/012	0110	D	ATEAN	25'60		Annual War	4 5-445		

THE ABOUND THAT PROPERTY STATES or were encoded on the second 그렇지 않는데 이 그는 그 얼마나를 하는데 보면 없었다. [10] [10] 그렇게 나가 바다네네요? 그리고 없는 요즘다. restrictive on the state of the received AM someons of the test of

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OE-STAY IN 16 c. CITY OR TOWN All guiside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO W NAME OF First DATE Last Month Day Year DECEASED OF DEATH (Type or print) 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR 5. SEX IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even a retired) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN HAME 13 FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. JNEORMAN (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Canditions, if any, which) gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy [ Inspection > Inquiry X and find that death resulted fram: Natural causes ... Accident . Suicide . Undetermined cause Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER' DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county (State) PEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR arthur S. Frans DATE

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VS. AISME(S) 5M 9/55

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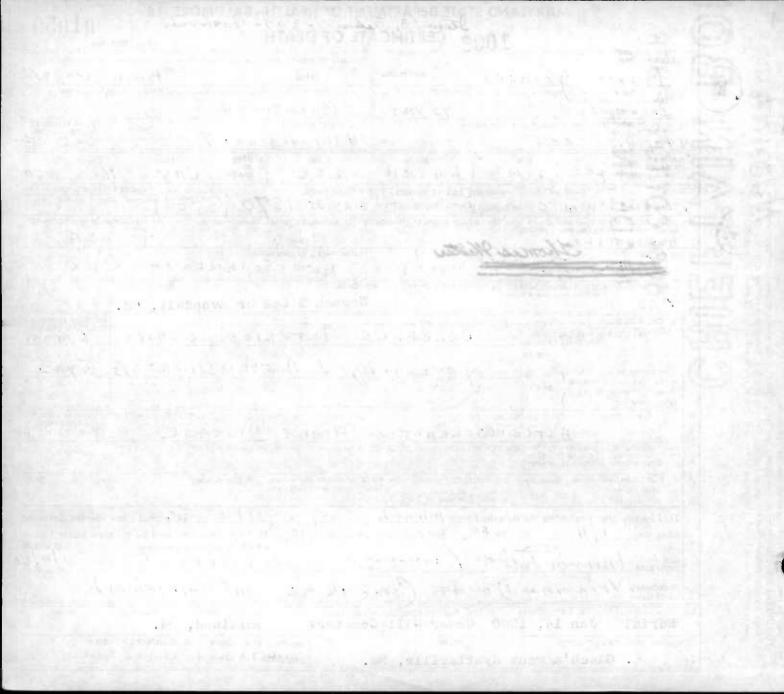
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1002 CERTIFICATE OF DEATH

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2000	Nog. 2.0. 110.
1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY PRINCE GRONGES
b. CITY OR TOWN (If autside coporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and givenearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4401 415 TREET	d. STREET ADDRESS  4401 41 57 nee 7  e. IS RESIDENCE ON A FARM? YES NO [4]
3. NAME OF DECEASED (Type or print)  Georginal First  A Widdle  A URA	Last 4. DATE Month Day Year OF DEATH JAN 1/ 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  Who Te WIDOWED DIVORCED	8. DATE OF BIRTH  MAY 30 1870  9. AGE (In years lead birthday)  Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME THOMAS POSSEEL SMOOT	AMM SOPHRONIA COX
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Newman S Lee Sr Avondale, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  334 X  Cenebra  DUE TO  Candilians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  (c)	L ARTERIOSCLEROSIS INTERVAL BETWEEN ONSEL AND DEATH
Antenioschenotic	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State ctary, street, affice bldg., etc.)
SIGNATURE Mormon Wond Comesu	n accurred at 10 p.M., fram the causes and an the date stated above  ADDRESS (Street, city ar tawn, state)  M.D. 3503 Penry ST  ATTRAINIEN ML  PAUML MTRAINIEN ML
226. BURIAL, CREMATION, 22b. DATE THEREOF Cedar Hill (Cedar Hill (	Cemetery 22d. LOCATION (City, town, or county) (State) Suitland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  F. Gasch's Sons Hyattsville, Mc	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE JAN 1 4 '60  Cultury S. Krous



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1100 CERTIFICATE OF DEATH

Reg. Dist. No. (11)62

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be executed within 24 hay	0		NAME OF DECEASED TOTAL	ONLAND
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3	D .		Male	White
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20	g de	T	during most of work	ing life, even if rel
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o o	2 5	13.	FATHER'S NAME	
the law requires that the death certificate be executed within 24 hay the death. Page 4 physician.	Justice and an order of the comparation of the comp	F	cank B. L	uers
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60	Then please a vent within 72		18. CAUSE OF DEA	TH [Enter only on
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	20 5	CERTIFICATION	20a. ACCIDENT WA	
₹ 5 .	o the		(IF EITHER, NOTIFY	
SIC	for use as the burial-rice cremation, or remaval.	MEDICAL	20c. TIME OF INJUR	Y Month, Doy,
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und PHYSICIAN: The law requires that the lospital ar attending physician.	Le Le	×	p. m.	
nospital ar attending	ater in a cerminal in the been as the fortune of cemation, or removal, and		21. I certify th	of I attended
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					Negi Dist. 110.
o. C	ce of DEATH OUNTY rince Georges	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marylar	ere deceased lived. If institution b. COUNTYP	rince George's
b. C	ITY OR TOWN (If outside corporate limits, write JRAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RU	
d. N	AME OF HOSPITAL (If not in hospito), give street R INSTITUTION O East 11th. St.		d. STREET ADDRESS	h. Street	e. IS RESIDENCE ON A FARM? YES NO N
	AE OF EASED First VC	OSS LUER	Lost Lost	4. DATE Month OF Jan.	13 Doy Yeor 60
Na.		00	B. DATE OF BIRTH 12 Nov. 1893	1 1 1 1 1 1 1	Months Doys Hours Min.
Tet	UAL OCCUPATION (Give kind of work done 10b. ring post of working life, even if retired)	KIND OF BUSINESS OR INDUS	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FAT	HER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Fra	nk B. Luers		Maggie A.	Disney	
S. WA	S DECEASED EVER IN U. S. ARMED FORCES? 16. or unknown) (If yes No wor or dates of service)		offormant rian C. Luer	s Same as #	
C 9	PART I. OF DEATH Enter only one couse per limited in the couse per limited in the couse per limited in the couse (o)    Out TO    Out To	physem Eproric EN. AR	PULM. TENIOSEI	H-PNEUMO TBC. EROSIS NAL DISEASE CONDITION GIVE	20 47 s
₩ OR	I. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II of item 18.)	YES NO NO
WEDICAL 20c	TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. White p. m. 19	Not while foo	ACE OF INJURY (Home, form story, street, office bldg., etc.	20f. (City or town)	(County) (State)
al AC SIG	ive on 1 4 3 196  TUAL WARREN  SICIAN'S M. WARREN	11	M.D. Ra	M, from the causes an ADDRESS (Street, city or town, st	that I last saw the deceased and an the date stated above DATE SIGNET  1/13/60
	ME (Type)		Daurer,	Maryland	1/10/00
RE	RIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
Bur	ial 1/16/60	Ft. Lincoln (	emetery	Colmar Manor	Maryland
3. FUN	F. Gasch's Sons H	vattsville. Ma	arvland 240. REC'	D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE

TO HOSPITAL ATTENDING May be related by the hor TO FUNERAL DIRECTOR: After page 3 shauld be detached the registrar prior to burial

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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100	<u> </u>			Reg. Dist. I	No.
PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (When Maryland	e deceased lived. If in b. CO	ustitution: Residence b	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FOREST HIGHTS	10 years	c. CITY OR TOWN (If out		rite RURAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street oddress OR INSTITUTION Panarama Drive	ess)	d. STREET ADDRESS 4425 Pana	rama Driv	ve	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Lupub	OF DEATH	Month Jan	Day Year 3/ 196 0
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WID	- Iteres Markies	Feb. 12, 1	9. AGE (Invitors) lost birth	years IF UNDER 1 YE doy) Months Doy yrs.	FAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)  Housewire	OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or Englan			OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
Ezra Brooks			Greenwood	and the same of the same of	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI (Yes, no, or unknown) (It yes, give war or dates of service) Nor.	18	Ralph G.	McIntyre	Forest I	narama Dr Igts.
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  Conditions, if ony, which (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN.	AL DISEASE CONDITIO	N GIVEN IN PART 1(c	o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE	HOW INTURY OCCUPRED	. (Enter noture of injury in Po	et Lor Port II of item 1	8.1	YES NO
	. HOW HOOK! OCCURED	. (Litter holoice of injury in Fo	TOT TOT IT OF HELD !	0.,	
20c. TIME OF INJURY Month, Doy, Year 20d. INJUR Hour o. m. While of work	Not while foct	CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(Cour	nty) (Stote)
21. I certify that I attended the deceased for alive on 129 19 60 ACTUAL SIGNATURE JY . ZALLING SIGNATURE JY . ZAL		occurred at 97 N A.D. 2. Parkw	A, from the couse DDRESS (Street, city or	es ond on the de	sow the deceased ote stoted obove DATE SIGNED
REMOVAL (Specify)	c. NAME OF CEMETERY OR ees Cremat		2d. LOCATION (City, I Washingt		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 300 4	+ The ST 240. RECID		Chilun S. H	

death. Poge 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please formove corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. ITENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours

TO HOSPITAL O

VS A15 (4) 15M 9/5B

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	10	01			Reg.	Dist. No.
. PLACE OF DEATH			2. USUAL RESIDENCE (WI	here deceased live		lence before admission)
	ince Georges	MARYLAND	o. STATE Marvla	and	Prince	enrues
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	700		
RURAL ond give		10 hma	1.3	Time delle see	277.	
	verly ITAL (If not in hospital, give stree	12 hrs	d. STREET ADDRESS	Hyattsv	ille	e. IS RESIDENCE
OR INSTITUTION	Georges General			merson S	treet	ON A FARM
NAME OF	First	Middle	Last	4. DATE	Month	Day Year
DECEASED (Type or print)	Thomas	M	Lynch	OF DEATH	24	Jan. 1960
SEX	6. COLOR OR RACE 7 MA	NEVER MARRIED	8. DATE OF SIRTH	9. A	GE (In years IF UND	ER 1 YEAR IF UNDER 24 H
Male	White WIDOW		2 Feb 1879		ost birthdoy) Months	Days Hours Min
. USUAL OCCUPAT during most of wo	ION (Give kind of work done 10b	1 1/1				ITIZEN OF WHAT COUNTE
Retire	1 Via	le mill	14. MOTHER'S MAIDEN I	NAME I	1.7.	M13.
Thoma	s Joseph	Lunch	marga	ich ?	ne yo	vern
	ER IN U S. ARMED PORCES? 16	SOCIAL SECURITY NO.	INFORMANT A . 00:	2 P1	Address	
is, no, or unknown)	(If yes, give wor or dates of service)		ma. offer	2000	1 Heat	to 1000 m
18. CAUSE OF DE	ATH   Enter only one couse per	ine for (a), (b), and (c), ]	300 6-770	The state of the s		INTERVAL BETWEEN
	ATIL MAR CALIFFE BY					ONSET AND DEATH
420.0	1	Bronchopi	rew MONIA			72 hr
	000.10		U			
Conditions, if		2 orgestive	MEART TAIL	une		Zweel
couse (o), stoting lying couse lost	the under- DUE TO	Anteriosche	enote Hen	RTD1	sease	5 year
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN P	ART 1(o) 19. WAS AUTOP: PERFORMED? YES NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING ☐ 20b. DE G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of	f item 18.)	
20c. TIME OF INJU Hour o. m.	While	Not while fe	LACE OF INJURY (Home, form octory, street, office bldg., etc		own)	(County) (Sto
Hour o.m. p.m.	. 19 of wo	ork ot work				
21. I certify t	that I attended the decea		, 19. <b>5 9</b> , ta	JANZY	, 19 4 that I	last saw the deceas
alive an	AN23 , 19	60, and that deat	h accurred dt 50 A	M, from the	causes and an t	he date stated aba
		- 1		ADDRESS (Street,	city or town, stote)	DATE SIGN
ACTUAL SIGNATURE	ummen Hone	1 Jonnesu	MD. 3503	renny	51	1/24/6
	Or. Norman Comes	w. M.D.	Mt. Rain	ier Md		1 1
[1444 (1796)	ON, 22b. DATE THEREOF				/Cib. Asses	· 44 / // // //
REMOVAL (Specify		Columbia	a Basdens	arlin	(City, town, or county	Virgini
FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS mt.	Rayelly 240. REC	D 8Y REGISTRAR	4b. REGISTRAR'S	SIGNATURE
Malley's	Funeral He	me Inc.	MEN DATE .	AN 26 160	0.00	0 6

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death: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1032 CERTIFICATE OF DEATH

01065

L	ZOO.S CERTIFIC	AIL OI DEAIII	Reg. Dist. No.
[	. PLACE OF DEATH Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland	b. COUNTY Prince Series
	b. CITY OR TOWN (If outside corporate limits, write RURAL optigine nearest town)  Livery Welly Well 15 Lays	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and give nearest town)  Levelle
	d. NAME OF HOSPITAL (If not Inhospital, give street oddress) OR INSTITUTION 2601 Cheverly ave	11406-494	avenue e. IS RESIDENCE ON A FARM? YES NO TO
3	NAME OF DECEASED (Type or print)  HARRY  Middle	17 LSBERGER DEATH	Month Day Year 28 1960
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH   9. AC	(In years   FUNDER 1 YEAR IF UNDER 24 HRS.   birthdoy)   Months   Days   Hours   Min.
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  Reliand deske Clerks Wale	JSTRY 11. BIRTHPLACE (State or foreign country)  Marylana	12. CITIZEN OF WHAT COUNTRY
1	Eugustus maleberger	14. MOTHER'S MAIDEN NAME BEL	le Scotten.
	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17.  17. (If yes, give wor or doles of service)  17. 77-03-52430	informant gnes in Driggers 15	530 alive Street N. C.
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	strue Heart Dise	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) Obrance Car	dio- Pulmous	D. 150.10
	gove rise to immediate couse (a), stating the underlying couse lost.	v-bhylama.	
TOTAL DESIGNATION OF THE PARTY	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	1:120-11-021-1	IDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \bigcup NO \)
		ED. (Enter nature of injury in Port I or Port II of	item 1B.)
NEDICAL.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl While Not while of work 19	LACE OF INJURY (Home, form, 20f. (City or too octory, street, office bldg., etc.)	wn) (County) (State)
	21. I certify that I attended the deceased from Je ~	1955, to Jan 2 Y	, 19.6.0, that I last saw the deceased causes and on the date stated above
	ACTUAL Remark to Az con	ADDRESS (Street, c	
	PHYSICFAN'S BERUARD KATZEN	4.J. 3550- W	Cikhiano. J. Co. D.
2	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL Specify 2/1/60 CEDAN	OR CREMATORY 22d. LOCATION (	City, town, or county) (Stote)
2:	FUNERAL DIRECTOR'S SIGNATURE Sons Co 3605-14	240. REC'D BY REGISTRAR DATE FER 1 160	24b. REGISTRAR'S SIGNATURE  Orthog S. Krank

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may be retain by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, name 3 should be detached for use as the burial transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with page 3 should be detached for use os the burial-transit permit. Then please remaye carbon pape the registrar priar to burial, crematian, or remayal, and in any event within 72 hours ofter death. TO HOSPITAL VS A15 (4) 15M 10/57

# FOR STATE HEALTH DEPT.

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5	o ic	10	NERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of	s designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS ALSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 111MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

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13. FATHER'S NAME				14	MOTHER'S MAIDEN N						
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15. WAS DECEASED EV	ER IN U. S. ARMED FORC		L SECURITY NO. 17.	INFO	RMANT		Address	5206	T St	treet	5
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20c, TIME OF INJUI Hour e.m. p. m.	RY Manth, Day, Year	20d. INJURY While at work	Nat while fa	ACE C	OF INJURY (Home, farm street, office bldg., etc.	20f. (City	or lawn)	(Co	unty)	/	(State)
opinion death  ACTUAL SIGNATURE  EXAMINER'S	resulted from: No		Accident	0.	Suicide , 1  D. CHIEF MEDICAL EX  ASSISTANT MEDICA	Homicide	Undete	Inqui rmined	manne	DATE SH	
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23. FUNERAL DIRECTOR			(DDRESS	/E		D BY REGISTI	RAR 24b. REGIS	Virgi STRAR'S SI	GNATUH	E	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sounty) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling Schraus '60 3 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY PRINCE GEORGES c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO DO Day Year 1960 JANUARY 24 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? UNITED STATES 8302dBeltz Drive Forestville, Maryland INTERVAL BETWEEN ONSET AND DEATH 31 HOURS 31 HOURS

and that death occurred a 1305P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

24 JANUARY 1960

HOSPITAL ANDREWS WASHINGTON 25. D.C.

22d. LOCATION (City, town, or county) (Stote)

24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR

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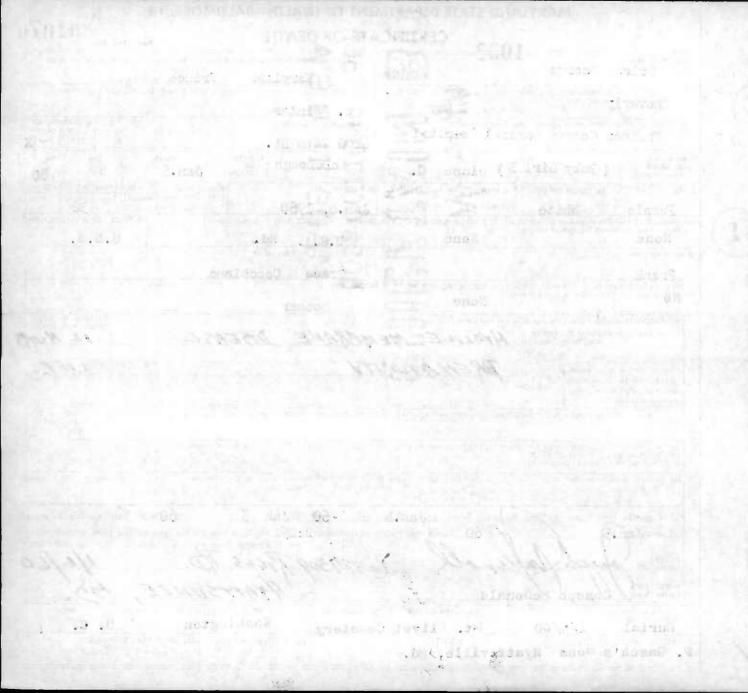
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 113MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremation Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If instituting: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, white RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN (If authide corporate limits, write RURAL and give rearest town) 9 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE registror prior ON A SARM? YES NO NAME OF First Middle DATE Lost Month Day Year far yaur DECEASED (Type or print) DEATH 19(-, 0 5. SEX 6. COLOR OR RACE 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 2 with the Months Days WIDOWED [ DIVORCED | 3 to 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Give Pages 1, 2 M3. Page 5 may poges WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File (If yes, give wor or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN permit ONSET AND DEATH PART I. DEATH WAS CAUSED BY along with farm IMMEDIATE CAUSE (o) burial-transit **DUE TO** Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY ő PERFORMED? pending used NO P 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the ward "p dicol Examir e 3 shauld b 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) writing the with hief Medicol FOR: Poge 3 sh factory, street, affice bldg., etc.) Hour at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry and find that cute the certificate, write forwarded to the Chief S FUNERAL DIRECTOR: Accident . death resulted from: Notural couses 1/ Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION 22d. LOCATION (City, Jajvn, or county (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, 24b. REGISTRAR'S SIGNATURE 24o. REC'D 8Y REGISTRAR

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1. PLACE OF DEATH O. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (V	Where deceased ichigar			ence befo	ore admi	ssion)
and give nearest town)	D.O.A.	c. CITY OR TOWN (III  Fairview	outside corpor	ale limits, write	PX-	give ne	parest tav	vn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit Prince George's General Hosp	4 4 60	d. STREET ADDRESS					ON	A FARM?
3. NAME OF DECEASED (Type or print) DARREL ROS	S MILLER	Lost	4. DATE OF DEATH	Jan.		Doy 1		ear 60
S. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	NEVER MARRIED   B. I	OV. 27, 1935		AGE (In years lest birthday) Yrs.	IF UNDER Manths	TYEAR Days		R 24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Soldier	U.S. Army	Mich.	ar fareign cou	ntry)		ZEN OF	WHAT	COUNTR
13. FATHER'S NAME Jesse Elvin Miller		14. MOTHER'S MAIDEN N Lela Marie						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SO  Yes  Active  16. SO  363		ormant rth Certific	ate For	md on F	erson	1		
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PART II. OTHER SIGNIFICANT CONDITIONS CONT  20a. EXTERNAL CAUSE WAS PRIMARY Day CONTRIBUTING DOPERAT  CAUSE OF DEATH.	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE C	CONDITION GIVE	EN IN PART		PERFOI	
	or of an auton	or noture of injury in Port mobile in co	llor Part II of	item 18.) With a	nothe	r s	autor	nobil
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21. I certify that I taak charge of the red death resulted fram: Natural causes		. —	_	pection <b>X</b> , etermined co			ond f	ind the
ACTUAL SIGNATURE	1	M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I	AL EXAMINER [	_	1-	1-60	DATE SI	GHED
BURIAL JAN. 7-1960	c. NAME OF CEMETERY OR C		Mio	MicHi	GAN		(Stote	)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 7 6 ho	11 10.000	D BY REGISTRA		TRAR'S SIG	1 4	_	T

VICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any detay exessary, please execute, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. cute the central care, writing the ward "pending" in pencil in Item 18. Giverworded to the Chief Medicol Examiner's Office along with farm PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. TO DEPUTY VS. A15ME(S) SM 9/SS

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RYLAND STATE DEPARTMENT OF HEALTH-CALTMONE, 18
MENICAL EXAMINER'S CERTIFICATE OR DEATH.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1075 CERTIFICATE OF DEATH

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Pro George's Prince George's MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Riverdale, Md. Riverdale Md 10 years d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE ON A FARM? 6319½ Kenilworth avenue... 6319½ Kenilworth avenue... YES NOW NAME OF 4. DATE Middle Month Yeor DECEASED D. DEATH (Type or print) Emma Moberley January 5, 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED T WIDOWED | Feb 13, 1869 90 female white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Virginia Housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William B Mobley Margaret Day 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Anita Boyle Riverdale. Md. none no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH musucande. PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram and that death accurred at 11-11M, from the causes and an the date stated above. alive an ADDRESS Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) Leonard Hays Hyattsville Md. 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY X 22d. LOCATION (City, town, or county) REMOVAL (Specify) Washington National Burial 1/8/59 Suitland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0994 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATMaryland b. COUNTY MARYLAND Prince George's c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hyattsville, Maryland. 61 years e. IS RESIDENCE ON A FARM? 4100 Emergon Street Emerson Street YES NOX 4. DATE Middle Last Year DEATH Herbert John Moffat January 23, 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days June 24, 1872 white WIDOWED T DIVORCED T 12. CITIZEN OF WHAT COUNTRY? Builder Washington D. USA 14. MOTHER'S MAIDEN NAME Susan Callan INFORMANT Address Ruth H Moffat Hyattsville, Maryland. no INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO DUE TO PERFORMED? YES NO 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Part 11 af item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) factory, street, affice bldg., etc.) While Not while at work ot work and that death accurred at 3.30 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

PLACE OF DEATH o. COUNTY Prince George's b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hyattsville. Md. d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF DECEASED (Type or print) S. SEX male 10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Retired 13. FATHER'S NAME William Herbert Moffat 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CATION 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 21. I certify that I attended the deceased fram ACTUAL SIGNATURE Hyattsville, Md. PHYSICIAN'S Dr Leonard Havs NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Burial (Specify) 1/25/60 Evergreen Cemetery Bladensburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR arthur S. Thous Hyattsville, Maryland. F. Gasch's Sons DATE JAN 2 6 '60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY Prince George's b. COUNTY Prince George's g. STATE MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) and give negrest town) Cheverly Hyattsville. Md. Md. 11 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 4103 Farragut St YES NO T 3. NAME OF DATE Month First Year Margaret DEATH (Type or print) Moore January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TE B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED [ DIVORCED T female white August 26, 1869 90 yn. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Philadelphia. USA Housewife own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Moore Eliza J. Walker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) William Moore Hyattsville, Maryland. none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY Shock IMMEDIATE CAUSE (a) **DUE TO** Fracture of left femur with hip nailing Canditions, if any, which gave rise to immediate cause operation **DUE TO** (a), sloting the underlying cause lost. Fall in home. PART 31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 3N PART 3(d) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis, senility. YES | NO K 20a. EXTERNAL CAUSE WAS PRIMARY 43 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall in living room of home. ( Nursing Home) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) (County) factory, street, affice bldg., etc.) 17 60 While Not while NursingHome Cheverly Pr. Geo. Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI, and find that death resulted from: Natural causes , Accident T, Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 1960 January ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Transportation 1/30/60 Philadelphia Pennsylvania 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Frank

Hvattsvill e Maryland

VS. A15ME(5) 5M 9/55

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F. Gasch's Sons

cute the cert ce, write farwarded to the Chief Proverded to the Chief Proverded to the Chief of the CTOR:

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMOPE, 18 MEDICAE EXAMINER'S CERTIHICATE OF DEATH

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filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs ofter death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

r death. Page 4

VS A1S (4) 1SM 9/SB

The second second	2.000				Keg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (When	re deceased lived. If institution	n: Residence before admission)
PR	INCE GEORGE	MARYLAND	MARYL	AND b. COUNTY	PRINCEGEORGE
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RU	IRAL and give nearest town)
A 1 -	RAINIER	1951	4-8 MT. 12A	INIEL	
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in) haspital, give street  6 - Kussell	address)	d. STREET ADDRESS	O RUSSEL	ON A FARM? YES NOT
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	h Day Year
(Type or print)	ANN	VERDNICH	MORRISSEY	DEATH JAN	76 1960
S. SEX	6. COLOR OR RACE 7. MARR	NEVER MARRIED	8. DATE OF BIRTH   MAR 190	last birthday)	Manths Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work done 10b.		11/2 11/4	o 56 yrs.	12. CITIZEN OF WHAT COUNTR'
during mast of wor	rking life, even if retired)		BROOKIN	AC XIV	USA
13. FATHER'S NAME	EWIFE-		14. MOTHER'S MAIDEN NA	ME / V. Y	
ENIMA	as MCGDAT	14	CATHER	110/1.	INN
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Addre	
(Yes, no, or unknown)	(If yes, give war or dates of service)	33-18-3395 0	WHARD MOO	RISSEL	MT KAINER !
18. CAUSE OF DE	ATH [Enter only one cause per lis	ne for (a), (b), and (c).]	NO HITTORIA		INTERVAL BETWEEN
	ATH WAS CAUSED BY:	MULTIDIE	MURION	0	ONSET AND DEATH
203x	IMMEDIATE CAUSE (a)	10 FI JOPT	114 - 1014	7	A PIDIVIA
Canditions, if a	any which )				
gave rise to	immediate ( DUE TO				
cause (a), stating lying cause last.	the under-				
PART II. OT	HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO (S)
을 20a. ACCIDENT W	AS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Po	art I or Part II of item 1B.)	
(IF EITHER, NOTIF)	G CAUSE OF DEATH				
20c. TIME OF INJU Hour o. m.		NJURY OCCURRED 20e.	LACE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (Stat
Hour a.m.	19 While at wor	HADI MIIII6	octory, street, office bldg., etc.)		
	hat I attended the deceas	ed from ADD 1	1957, to JA	N Y6 19601	that I last saw the decease
alive on	AN 76 191				d an the date stated above
diivo dii	1	, dilgillar deal		DDRESS (Street, city or town, s	
ACTUAL SIGNATURE	annel 9	7 Voluga	2 4300	HOUND	60 1 b Jan 26
			- M.D.	Ayun	1 19
PHYSICIAN'S NAME (Type)	AMUEL J	N, SUGA	R	YT KAINIL	ER, 4d
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY	OR CREMATORY	Washing	r capity) (State)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS MLK	agues 240. REC'D	BY REGISTRAR 246. REGIST	TRAR'S SIGNATURE
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1082 CERTIFICATE OF DEATH

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		-					Reg. Dist. I	10.
PLACE OF DEATH     a. COUNTY		call.	MARYLANI	g. STATE	CE (Where deceased	lived. If institution		
	Prince Geor			ral	yland			Georges
b. CITY OR TOWN (II RURAL and give no	f outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 1		'N (If outside corpore	ite limits, write R	URAL ond give r	nearest town}
	rsity Park		00 V T	Universit	y Park 6	4		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)	d. STREET ADDR	RESS	/	1 - 1	e. IS RESIDENCE ON A FARM?
	Woodberry S	tree	t	4308 Wood	berry Stre	eet		YES NO
B. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Mon	th A	Day Year
(Type or print)	ANNIE	3	C.	MUHL	DEATH	Ja	n.	16 1960
. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Female	White	WIDOW	And the second s	Feb. 5,	1876	last birthday) 83 yrs.	Months Days	s Hours Min.
00. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN			intry)	12. CITIZEN	OF WHAT COUNTRY?
Housewife	ing life, even if retired			Rollin	ore. Mary	l and	The same of the sa	
3. FATHER'S NAME				14. MOTHER'S MAI		Land A		
John F. Zel	llor			Ann Ho				
S. WAS DECEASED EVE		CES2 16	SOCIAL SECURITY NO	INFORMANT		T Add	rath w	7.00
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice]			FO6	Inn Ro	ad, Box	388
No				Mr. D. Lero	y Muni-R.	D. #2,		
		use per li	ne for (a), (b), and (c).]				10	NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	n	Lyocardi	of Foil	400			3 minde
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lying cause lost.	rne <u>under-</u>							
	) (c		CONTRIBUTING TO DEATH 8	RUT NOT RELATED TO THE	ETERMINAL DISEASE	CONDITION GIV	EN IN PART 1/o	19 WAS AUTOPSY
		D1110143 5	CONTRIBUTION TO DEATH	OT HOT KEDNED TO THE	E TERMITAL DISEASE	CONDITION ON	LIT IIT IAKI I(O)	PERFORMED?
2	mility							YES NO P
OR CONTRIBUTING	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RED. (Enter noture of inju	ury in Part I or Part	II of item IB.)		
20c. TIME OF INJUR Hour a. m.	Y Month, Doy, Yeo			PLACE OF INJURY (Hom	e, form, 20f. (City	or town)	(Count	ty) (State)
Hour a.m.	19	While of wor		foctory, street, office bld	Ig., etc.)			
			4	- 20.00	1 /	/ 20/-		
196409	at I attended the							aw the deceased
alive on	- /5	, 19	6_O, and that dec	oth accurred at 3.0				
/						et, city or town,	state)	DATE SIGNED
SIGNATURE A	I aldo I	3, 1	uryons	M.D. 350	3 Per	1-4 St		
PHYSICIAN'S NAME (Type)	Valdo	B,	Moyers	Mt.	Rainie	21- N	1d.	
220. BURIAL, CREMATIO		F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATI	ON (City, town,	or county)	(State)
REMOVAL (Specify) Burial	1/18/60		Loudon Par	k Cemetery	Balti	more, Ma	aryland	TOWN W
3. FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	240	PEC'D BY REGISTR	AR 24b, REGIS	STRAR'S SIGNAT	TURE
Wm. y. (	cone	152	Ba 6 12 - 1)	MAN DA	JAN 1 8 '60	0	when S. The	and

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at the death certificate be executed within 24 haurs death. Page 4
the attending physician and campletely filled in by the funeral director,
Then please remave carban papers. Pages 1 and 2 shauld be filed with
event within 72 haurs after death:

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

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1037 CERTIFIC	CATE OF DEATH Reg. Dist. No.
n. PLACE OF DEATH D. COUNTY Prince Georges MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY ince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Cheverly 11 Days	o/ Laurel
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  on A FARM?  319 Main Street.  e. IS RESIDENCE ON A FARM?  YES □ NO []
Prince Georges General Hospital  3. NAME OF First Middle	II JI) Haili Boroco
3. NAME OF DECEASED (Type or print) Katherine Lucinda	Lost 4. DATE Month Day Year OF DEATH Jan 27 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	lost birinday)   Months   Days   Hours   Min.
Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Home Human Variance WIDOWED DIVOKCED	0 000 1771
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war ar dates of service)	Bertha Pagle  INFORMANT  NOTHER'S MAIDEN NAME  Address Main St  34 Address Main St
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH  4 wareful
gove rise to immediate	LLO-Nephritis 2yrs
couse (a), stoting the under- lying couse lost.  DUE TO  Lupus  (c)	Enythem A Tosis 3yns
÷	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO E
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.   Hour o. m.   While Not while at work   at work	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from. 1/16	, 19 60, ta/ 1/27, 1960, that I last saw the decease
alive on 1/27 , 19 60 , and that dec	ath accurred at 2,15AM, from the causes and an the date stated above
SIGNATURE MANNEN DANN Commen	M.D. 3503 ( 2mg St. 1/27/60
PHYSICIAN'S Dr. Norman Comeau., M.D.	Mt. Rainier., Md
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER. REMOVAL (Spenify) 1/30/60 Union C	empley Butownille Manyland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3/3	Jalla Boate FFE 1 '60 Cathur & Town

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Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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1. PLACE OF DEATH

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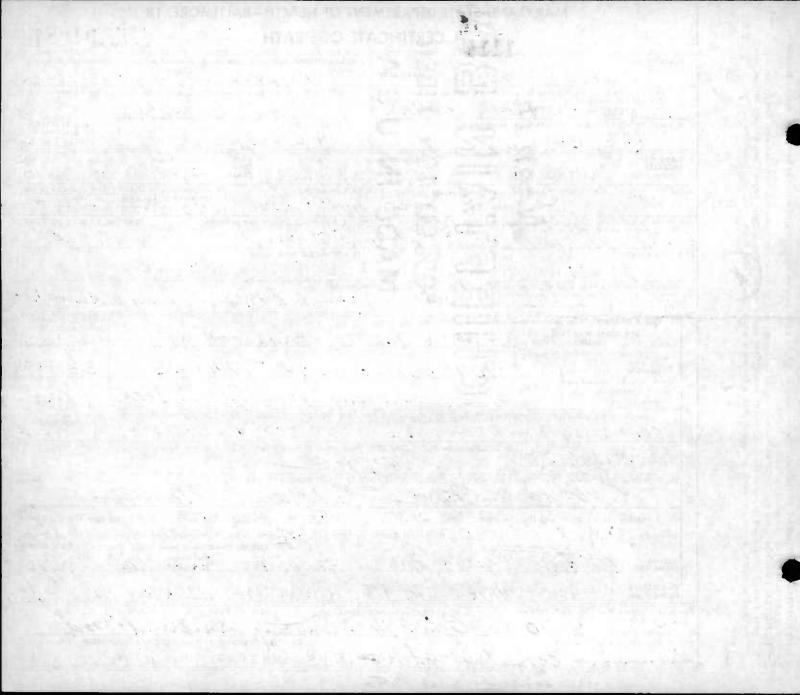
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Prince Georges b. COUNTY Prince Georges MARYLAND Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Riverdale Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS OR INSTITUTION Leland Memorial Hospital 4802 Rittenhouse NAME OF 4. DATE Middle Lost Month DECEASED PHILLIP DANTEL. NAUGLE (Type or print) DEATH January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Male White 1-26-8/ WIDOWED [ DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) Retired Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DeWitt Naugle Lvdia Beers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown Hospital Record 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 CATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., et a. n. While Not while of work p. m. I attended the deceased from that I last saw the deceased and that death occurred at 7 A.M. from the causes and on the date stated above. ADDRESS (Street, city or Jown, state) ACTUAL SIGNATURE David S. Clayman, M. D. 6311 Baltimore Ave., Riverdale, Maryland PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Cremat (Specify) 28/60 Ft. Lincoln Crematory Colmar Manor Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE . Gasch's Sons Hyattsville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF o. COUN	TY	e Georges		MARY	(LAND	a. STATE	ence (wh	ere deceased lived	. If institution: b. COUNTY	Residence be	fore admi	ission)
		outside carporote lim arest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corporote li	mits, write RUR/	AL ond give r	nearest to	wn) .
d. NAME OR IN	OF HOSPITA	AL (If not in hospital, seeGepres (			ı	d. STREET A		2th Ave			ON	ESIDENCE A FARM?
3. NAME O DECEASE (Type or	F D	Didrik	rst	Middle John		Osdale		4. DATE OF DEATH	Month Jan	16	Day	Year 19 60
5. SEX	Male	6. COLOR OR RACE White	7. MARR	DIVORCE		B. DATE OF BIRTH		9. AC		UNDER 1 YEA	_	1
10a. USUAL during r	nost at wark	N (Give kind of working life, even if retired	3	KIND OF BUSINESS C	OR INDU	ISTRY 11. BIRTHPL		or foreign country		U.S.		COUNTRY
13. FATHER'S Hans	Osda]	.e				14. MOTHER'S	ene ?					
15. WAS DEC (Yes, no. or unk		IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO		INFORMANT grid Osda		Landove:	AVE Hills			
Candi gove couse ( lying c	tians, if an rise to in o), stating to couse lost.	he <u>under-</u> DUE TO	Ny da	ntracei penterm indion	ek ve	hal he and all	nou	scler	ase	O!	ITERVAL E	D DEATH
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₹ 20c. TIMI	E OF INJURY our o.m. p.m.	MEDICAL EXAMINER)	ar 20d. In While at work	Not while		LACE OF INJURY (I			wn)	(Caunt	у)	(State
	ertify the	r. Frederic 1/19/60	decease , 19	ed fram, and that	• ETERY (	M.D. 4	2,35	And from the cappress (Street, of Street, of	City, town, or c	an the da	te state	ed abave are signed 16/6
23. FUNERAL F. Gas		SIGNATURE	attsv	ADDRESS		one ool y		BY REGISTRAR AN 1 8 '60	24b. REGISTRA		URE	

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Pr. Geo. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rainier e. IS RESIDENCE ON A FARM? YES NO W Month Day Year 19 60 January 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 85 Months Days Min. Hours YES. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Windsor Poole: 404 Monroe Street. Rockville, Md INTERVAL BETWEEN Arteriosclerotic heart disease. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NOT (County) (Stote) Inspection X, Inquiry X, and find that Undetermined cause . DATE SIGNED January 5, 1960 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial Jan. 8.1960 Mountain View Purdum. Md 23. FUNERAL DIRECTOR'S GIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 8 Damascus.

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## MARKIAND STATE DEPARTMENTS OF HEALTH-HAUTINORS, N

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Pr. Geo. Prince Georges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mitchellville Cheverly D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Prince Georges General Hospital Route 1. Box 165-A YES NO 3. NAME OF 4. DATE Yeor OF Alkill Powell. January 60 Albert (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE Iln years IF UNDER TYPAR IF UNDER 24 HRS. only (Hodoy) 6-24-30 Months Hours Male colored WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired)

Hospital

Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Neal John W. Powell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknown) Virginia Powell: same address as # 2. 211-30-0456 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) DUE TO Crushed Chest Conditions, if ony, which ] gave rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD, WAS AUTOPSY "ORMED? YES I NO THE 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) or an automobile in collision with a culvert. 20c. TIME OF INJURY Month, Doy, Year 203 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stote) Not while factory, street, office bldg., etc.) of work of work 1-30 XX: 1-21-60 19 Highway Pr. Geo. Ma. Lanham 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection XI, Inquiry XI. and in my opinion death resulted fram: Natural causes 🗍 Accident 🏋 Suicide 🗍 Hamicide 🗍 Undetermined manner

16

0

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

Burial

220. BURIAL, CREMATION, 22b. DATE THEREOF

John T. Maloney. M.D.

1.26.60

2 ALSME

DIRECTOR:

FUNERAL D

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Arlington, Va.

(Stote)

DATE SIGNED

1960

Arlington Nat'l. Cem. 1820°5th St., N.B.

Washington, D.C.

240. REC'D BY REGISTRAR

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER [X]

24b. REGISTRAR'S SIGNATURE

DATE 188 25 160

Chillian & Frank

January 21.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 D.C. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TO DEPUTY INTEGRAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay ressory, please executed could be cute the certificate world "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to five Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremotian,

ar remaval.

VS. A15ME(5) 5M 9/55

		1003							Reg.	Dist. No		
1.	PLACE OF DEATH g. COUNTY	Prince Geor	rges	MARYLAND	1 0	STATE Mar	Where deced	sed lived. If Institu b. COUNT	v _	dence be	ore admi	
	b. CITY OR TOWN (I	f autside corporale limits, write	RURAL	c. LENGTH OF STAY IN 16		. CITY OR TOWN (II	f outside cor	porote limits, write	RURAL OF	nd give n	eorest to	wn)
	Law			D.O.A.	X	Lau	rel					
2	Danier de	Hospital	not in hosp	pital, give street address)	1 0	STREET ADDRESS 602	9th	Street			ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fire Lee		Middle	rell	Last	4. DATE OF DEATH	Monti	uary	Day		ear 9 60
5.	SEX		7. MARRIE	D X NEVER MARRIED		OF RIPTH	Jeann	9. AGE (In years	IF UNDE			FR 24 HRS.
	Male	Col.	WIDOWED		U. DAIL	7-12-09		fost birthday) 50 yrs.	Months	Days	Hours	Min.
	during most of working	ON (Give kind of work d ng life, even if retired)		IND OF BUSINESS OR INDUS			7 F Y F	country)	12. CI			COUNTRY?
-	Janitor		- (	overnment Far		Maryl				l	S.A	•
13	FATHER'S NAME				14. /	AOTHER'S MAIDEN	STATE OF THE PARTY OF					
L		Jnknown					National Re	1.0.0.0.0 8.0.0.0.0		tell	e Th	CMas:
	NO.	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	219-34-7778	The	aant lma Powell	l: gan	Address e address		# 2		
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	day or h	DUE TO		Cardiovascula	-22 24	onel diese	000					
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	(o), stoting the couse lost.											
z	-	) (c)_ HER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT	NOT RE	LATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1		
CATIO											PERFO	RMED?
CERTIFICATION	20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	. DESCRIBE	HOW INJURY OCCURRED.	(Enter n	oture of injury in Por	t I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJU	RY Month, Day, Year	20d. fl While			INJURY (Home, form		y or town)	(C	ounty)		(Stote)
ME	Hour o. m. p. m.	19	of wo	IAOI MIIIIO					6.36			7. 25
	21. I certify the	hat I taak charge	of the r	emains described ab	ave, l	neld an Autaps	у 🔲 , 1	nspection 🔼	Inqu	гу 🚺	, and f	find that
	death resulted	fram: Natural	auses 🛚	, Accident , Su	icide	, Hamicide	. U	ndetermined o	ause [	].		
	()		0 . 4	1								
1	ACTUAL SIGNATURE	of mother	Ma	Vonen-	M.D	CHIEF MEDICAL EX	XAMINER [				DATE S	IGNED
	1	()		1		ASSISTANT MEDIC	AL EXAMINE	R				
	EXAMINER'S NAME (Type)	John T. Mal	Loney,	M.D.		DEPUTY MEDICAL	EXAMINER [	M Ja	anuar	у 1	1,	1960
220	BURIAL CREMATIC	DN, 226. DATE THEREON	60	BECONS	R CREM	ATORY	22d. LOCA	TION (City, town,	or county)	fel	(Stote	icl
23.	FUNERAL DIRECTOR	S SIGNATURE	2 . /	ADDRESS		240. REQ	PINY REGIST	RAR 246. REGI	STRAR'S S	GNATU	SEa.	
1	199164	SELE	1/1	200 SNOB	LA	DATE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 1

### MARKEAND STATE DEPARTMENT OF HEALTH-SALTINORS, IS 1 BANAMEDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND STATE OFFARTMENT OF HEALTH-BALTIMORE

ADDRESS

death

VS A15 (4)

1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATORE

01083

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

Doys

(County)

Maryland

24b. REGISTRAR'S SIGNATURE

arthur & House

24a, REC'D BY REGISTRAR

60 DATE JAN 1 3 '60

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stote)

YES NO TO

(Stote)

Reg. Dist. No.

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MARKET KALFERMAN, M.D.

TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is story, please execute the character, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS. ATSME /2 J 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01091

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  Maryland  b. COUNTY  Pr. Geo.
	b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest lown)  Landover Hills  16 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  37 Landover Hills
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4021 72nd Avenue	d. STREET ADDRESS  LO21 72nd Avenue  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3.	NAME OF DECEASED (Type or print) Stephen Joseph Ra	akocy, Jr. January 21, 19 60
	SEX Male  6. COLOR OR RACE White  7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED	6-20-42   lost birthday)   Months Days Hours Min.
-	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Student  Highschool  I. FATHER'S NAME	Washington, D.C.  12. CITIZEN OF WHAT COUNTRY!  U.S.A.
	Stephen J Rakocy, Jr.	Eleanor Hammond
15	es, ne, er unknown) (If yes, give war or dates of service)	ephen J. Rakocy, Sr.; same address
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse tost.  DUE TO  DUE TO  (c)	ONSET AND DEATH
MEDICAL CERTIFI		CE OF INJURY (Home, form, 20f. (City or town) (County) (State)  ry, street, office bldg., etc.)  ve, held an Autopsy XX, Inspection X, Inquiry X, and in my
	apinion death resulted fram: Natural causes , Accident   ACTUAL SIGNATURE SIGNATURE  EXAMINER'S NAME (Type)  John T. Maloney, M.D.	
bi	o. Burial, Cremation, 22b. Date thereof 22c. Name of Cemetery or Removal (Specify) 1/25/60 Arlington N	CREMATORY 22d. LOCATION (City, town, or caunty) (Stole)  Sational Cem. Ft. Myer, Va.  N.W. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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			Walley Street	
			the Company of the Co	

22c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

VS. A15ME(5) 5M 9/55

**EXAMINER** 

NAME (Type)

BUTTA WAL (Specify)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

John T. Maloney.

F. Gasch's Sons Hyattsville, Maryland

24o. REC'D BY REGISTRAR DATE JAN 2 9 '60

DEPUTY MEDICAL EXAMINER

24b. REGISTRAR'S SIGNATURE arthur S. Thouse

1960

Md.

(State)

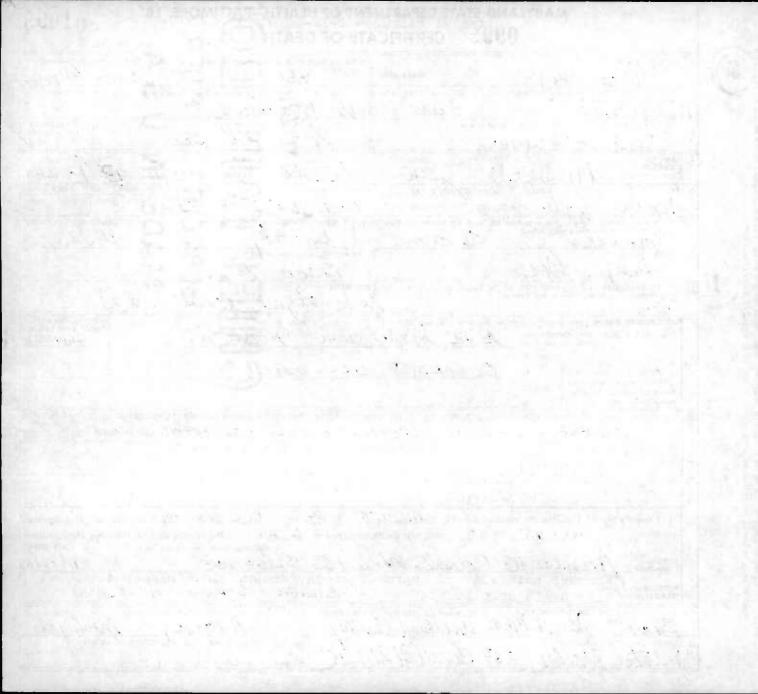
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22d. LOCATION (City, town, or county)

Colmar Manor

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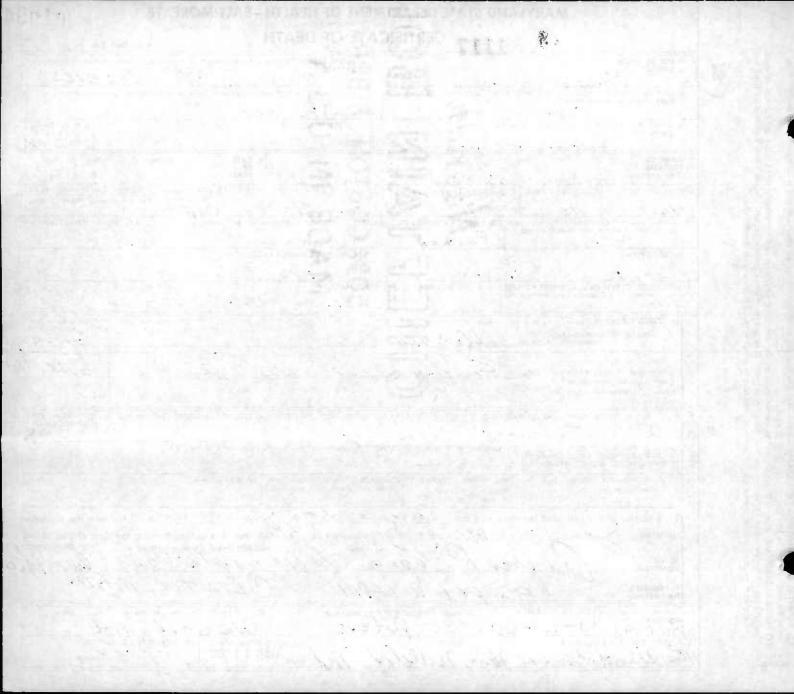


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01094

	1117 CERT	IFICA1	E OF DEATH		Reg. Dist. No.
O. COUNTY  PRINCE	ECK 9 - MAR	YLAND 2	a. STATE	b. COUNT	tian: Residence befare admission)  Y  Charles
b. CITY OR TOWN (If autside carporate limits RURAL and give nearest tawn)	s, write . LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF au	tside carporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, gi			KALDOS	CF 0	e, IS RESIDENCE
OR INSTITUTION SOUTHERN F	ARYLAND A	7	d. STREET ADDRESS		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	DANIEL Middle	DICH	Lost HKD SOM	4. DATE Mo OF DEATH	onth Day Year 3 1960
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARR	8. I	DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
1/1966	WIDOWED DIVORC	- 1	Tucy 21-18.	79.5/1 yrs	
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	lane 10b. KIND OF BUSINESS	or industr	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			4. MOTHER'S MAIDEN NA		
LAWRENIE 1	BICHBEDSON	20.4	BENNIE	= DWANN	
15. WAS DECEASED EVER IN U. S. ARMED FORC		O. INFO	DRMANT	Ad	dress /be/13 CD2
// o	i vice)	EU	CABETH /	MARIE TR	ecrep (no)
18. CAUSE OF DEATH [Enter only one coupant I. DEATH WAS CAUSED 8Y:	use per line far (a), (b), and (c	).]			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	L(REAL	14			Laur
Canditians, if any, which )	Corre	4 1 fed	10 F 7116	- FRONT	are 2 abont
gave rise to immediate cause (a), stating the under-lying cause last. (b)				7705//	
PART II. OTHER SIGNIFICANT COND TOLEMON	DITIONS CONTRIBUTING TO D	EATH BUT NO		AL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURRED. (	Enter nature of injury in Po	art I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Yea Haur a. m. p. m.	While Nat while at wark	20e. PLACE factor	OF INJURY (Hame, farm, y, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State
21. I certify that I attended the	deceased fram. (iii	equal	1959, to	Jun 3, 1900	that I last saw the deceased
alive an 3	_, 19.60 , and the	death a	ccurred at 31%	A, fram the causes a	nd an the date stated abave
ACTUAL SIGNATURE	red Ptay	ber-MI	So ma	DDRESS (Street, city or town	ander Cutton 14
PHYSICIAN'S NAME (Type)	REREDR	LA	7/1/ (	32/1/701	N, MD, MA
		-		THE LOCATION ICE. A.	101 13
220. BURIAL, CREMATION, 22b. DATE THEREOF	60 SE	Pete	REMATORY	22d, LOCATION (City, town,	(State)

TO HOSPITAL O VS A15 (4) 15M 9/58



Of by In John

01095

)	9	9	6	CERTIFICATE	OF	DEATH
-	_	_	_			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Pag Dist No

	reg.	2131. 140.
1. PLACE OF DEATH O. COUNTY PHINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE B. COUNTY PAIN	ence befare admission) CE Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  HYATTS UILLE  7yns.	c. CITY OR TOWN (If autside carporole limits, write RURAL and 39 Hyarts UILLE	d give darest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5005 5374 PVE	5005 5574 AVE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MRS MANGANET CAROLYN	Robertson OF DEATH JAN.	Day Year 6 1960
5. SEX FEMALE 6. COLOR OR RACE 77. MARRIED TEVER MARRIED WHITE WIDOWED DIVORCED	B. DATE OF BIRTH  JAN 21, 1916  9. AGE (In years lost birthdoy)  Months  yrs.	ER 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  BANK  BANK	USTRY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
CHARLES CLIFTON FREER	MRS MARY AND WALL	ren
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or ushnown)    If yes, give war or dates of service)   16. SOCIAL SECURITY NO.	Husband 5003 55Th Ave	HYATTS. ML
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Vental cult	AR FIBRILLATION	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gave rise to immediate cause (a), stating the under-	c HEART DISEASE	Cyns
Iying cause last.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT   20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED   CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTING   CON	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20s. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Port I ar Part II af item 18.)	
	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	(Caunty) (State)
21. I certify that I attended the deceased fram. July alive on 1960, and that death ACTUAL SIGNATURE	h accurred at 113PM, fram the causes and an the ADDRESS (Street, city or town, state)  M.D. 3503 Penry 37	last saw the deceased he date stated abave.  DATE SIGNED
PHYSICIAN'S NORMAN DONAT COMEA	" MTRAINIER ML	
22c. NAME OF CEMETERY C REMOVAL (Specify)  Burial  22b. Date thereof Fort Lincol	OR CREMATORY 22d. LOCATION (City, town, or county  In Cemetery Colman Manor Me	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S S	SIGNATURE

THE THE PROPERTY OF THE PARTY O The state of the s THE STATE OF THE PARTY OF THE P LINE ASSESSED TO THE PERSON OF THE SECOND PROPERTY OF THE Bill come and to contract description of the little in all all return we are to a door. 15

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A1S (4) 1SM 9/SB

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 11,12,13,14 FilmG256 2-11-60 et CERTIFICATE OF DEATH

01096

		1194	CHICITI	CAIL	. 01 017			Reg. D	ist. No.		
	rince Georg		MARYLAN	dD (	STATE  aryland	Where decease	ed lived. If instituti b. COUNTY			Geo	
	f outside corporate limits		LENGTH OF STAY IN	1b	CITY OR TOWN (	If outside corpo	orote limits, write F	RURAL ond	give nec	arest town	n)
and the give in	Cheverly		6 hr.	6	3 Edmons	ton					
OR INSTITUTION	AL (If not in hospital, gi	Chica	dress)		d. STREET ADDRESS	Ave		200		e. IS RES	SIDENCE A FARM?
	rince Georg		eral Middle		Lost	4. DATE	Mor	a the	Do	/-	Year
NAME OF DECEASED (Type or print)						OF DEATH				<b>'</b>	
SEX	Julius	7	ames		obinson	DEATH	1 ati		12		1960
SEA			NEVER MARRIED		TE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
Ma	ME MEGLO	WIDOWED		146	y 21,1896		63 yrs.				
la. USUAL OCCUPATION during most of work	ON (Give kind of work di	one 10b. KIN	ND OF BUSINESS OR IN	NDUSTRY				12. CIT	IZEN OF	WHAT	COUNTR
	,				Washin	gton,	D. C.	U	.S. A	4 .	
B. FATHER'S NAME		1111		14	MOTHER'S MAIDEN						1-31
Ge	orge Robin	ason			Carrie	Robins	ion				
	R IN U. S. ARMED FORCE		CIAL SECURITY NO. T	INFOR		4 4 2 44 4	Add	ress			
fes, no, or unknown)	If yes, give war or dales of ser 1917-1919	rvice)	CIAL SECOKITI NO.	11100	MAIN!		Add				
18. CAUSE OF DEA	TH [Enter only one cou	se per line f	for (o), (b), and (c).]				0		INTI	ERVAL BE	ETWEEN
PART I. DEA	TH WAS CAUSED BY:	10	cuto D	1	Mana	N D	al		ONS	SET AND	DEATH
115-0	IMMEDIATE CAUSE (o)		The state of the s	uq.	org	11 6	- rujes				
450.0	DUE TO	41	1 1 6	2-1	-	-1.					
Conditions, if or			en c	u	eno o	erce	-13				
couse (o), stoting		1	J								
lying couse lost.	) (c).	0				L				1000	
PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT COND	OITIONS CON	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	VEN IN PAI	RT 1(o) 1	PERFO	AUTOPS' DRMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   2 CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	JRRED. (En	ter noture of injury	in Port I or Po	rt II of item 18.)				
20c. TIME OF INJUR	Y Month, Doy, Year	20d, INJU	JRY OCCURRED 20e	. PLACE C	F INJURY (Home, fo	orm, 20f. (Cit	y or town)		(County)		(Stot
20c. TIME OF INJUR Hour o. m.	19	While _	Not while	foctory,	street, office bldg.,	etc.)			1 1 2 3		
p. m.	.,	or work [	ot work								
21. I certify th	at I ottended the	deceosed	from Jan	12	, 1960_, to	Jan.	12_, 1960	that I le	ost sav	v the d	lecease
olive on			, ond that de								
	-100		1		-		Street, city or town,		<	DAT	E SIGN
ACTUAL SIGNATURE	750 Day	ner	my	M.D.	Prime go	errei	general	Hor	Mely	j-	13-6
PHYSICIAN'S RAME (Type)	D. BAKE	RN	1.D.		V	Chever	h, JUN	(. '			
PEMPYAE (Specify)	Jan. 18,	60 Å	2c. NAME OF CEMETER	Ceme	matory etery, va		TION (City, town, Lington			(Stot	te)
EUNERAL DIRECTOR'S	SIGNATURE	0			7						
14111	1 1/1/11	//		1//	2=0. KE	FFR 3		within	0 11		
	Jan.18,	60 4	address	Ceme	etery, Va	Ar.	Lington TRAR 246. REGI	Vir	gini IGNATUI	ia RE	re

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# FOR STATE

HEALTH DEPT.

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy in passary, please execute the Micate, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral exercitor. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours after death. 

VS. A15ME 8M 2/57

V

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01097

200	keg. Dist. No.
1. PLACE OF DEATH  o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE MONTH and b. COUNTY Dec. Co. o.
· · · · · · · · · · · · · · · · · · ·	Maryland Brookly Pr. Geo.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give rearest lown)  Riverdale	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Riverdale
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
6407 45th Place	/ 6407 45th Place YES NOT
3. NAME OF DECEASED (Type or print) Leo Eva Robiso	1. DATE Month Doy Yeor OF January 23 19 60
5. SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 White WIDOWED 10 DIVORCED	October 2, 1889  9. AGE (In years left UNDER 1YEAR IF UNDER 24 HRS.  October 2, 1889  9. AGE (In years left UNDER 1YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Hetired  Govit clerk	TRY 11. BIRTHPLACE (Slote or foreign country)  Missouri  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Den Edward Rachford	Mary Comstock
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  You, no. or jugknown  (If yes, give war or doles of service)   16. SOCIAL SECURITY NO.   17. #	hilip C Rachford; 409 Main Street, Grosspo:
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: Acute conges	tive heart failure
492X DUE TO	Value V and the Value V
Conditions, if any, which) (b) Acute pneumo	nitis
gove rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  Cardiovascular renal disease  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (ED.)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO TO
200 BYTERNAL CAUSE WAS 200 DESCRIBE HOW INTURED OF	YES NO
E 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	mer nature of injury in rati t of Part II of 118m 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAI foct of work of wo	CE OF INJURY (Home, farm, i 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
p. m. 19 of work at work	
21. I certify that I took charge of the remains described abo	ve, held on Autopsy X, Inspection X, Inquiry X, and in my
opinion death resulted from: Natural couses XX, Accident [	, Suicide , Homicide , Undetermined monner
1 1 - 2011	
SIGNATURE PLANTS THERE	M D CHIEF MEDICAL EXAMINER D
	ASSISTANT MEDICAL EXAMINER January 23, 1960
EXAMINER'S John T. MAloney, M.D.	DEPUTY MEDICAL EXAMINER ( 1/1
220. BURIAL, CELECTOR 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
burial 1/27/60 Arlington N	
23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co. 2901 14th St.	h.D.C. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
THE DOMESTITUES OF CANT THEIR DE	N.W. Cartan 2 6 '60 Cirthur S. Kroue

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1001					

		1	OST CERTI	FICA	ALE OF DE	AIH			Reg. Dis	t. No.		
Prince			MARY	AND	2. USUAL RESIDEN		deceased	lived. If institution b. COUNTY	n: Residence Pri		ethel.	rge
b. CITY OR TOW Seat P	'N (If outside corporate limit re neorest town) LEABANT	, write	c. LENGTH OF STAY		seat P			rate limits, write RL 29	JRAL and gi	ive nearest	l town)	
d. NAME OF HO OR INSTITUTION	SPITAL (If not in haspitol, gion Fresno St	ve street d	oddress)		d. STREET ADDI		o St	. /			S RESID	ENCE ARM? NO KIX
3. NAME OF DECEASED (Type or print)	Mary	N	Middle		Sass	4	DATE OF DEATH	Jan.		27 <sup>Doy</sup>	Ye.	60
s. sex Femal	9.71. 0 4	7. MARR	DIVORCE		8. DATE OF BIRTH March 4	,187		9. AGE (In years lee) pirthday) yrs.	Months		UNDER	24 HRS. Min.
100. USUAL OCCUP during most of House	ATION (Give kind of work d working life, even if relired) WITE	one 10b.	At Home	RINDUS	Balti		-	uniy) Iaryland		U.S	VHAT C	OUNTRY?
13. FATHER'S NAME Fred:	rick Winter	8				nown					? :	
15. WAS DECEASED IYes, no or unknown) NO	EVER IN U. S. ARMED FORCE		social security no. None		one E. H		n	Addr Se a	710 at Pl	O,Fr easa		
Conditions, gove rise to couse (o), stolying couse le	ost. (c)		CERRBR								IV Æ	EKS
ST ACCIDENT	OTHER SIGNIFICANT CONE		RIBE HOW INJURY OF						EN IN PART	P	ERFORA	AED?
(IF EITHER, NOT	10	20d. IN While at work	Not while	20e. PLA foc	ACE OF INJURY (Homotory, street, office blo	ie, farm, ig., etc.)	20f. (City	or tawn)	(Ca	ounty)		(Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the # - 2.5		a 110111	death	accurred at 4	A ·	DRESS (St		nd on th	e date :	stated DAT	
220. BURIAL, CREMA BENOVAL (San	cify) $A/\rightarrow A/$	60	22c. NAME OF CEME	TERY OF	CREMATORY	222	d. LOCAT	ON (City, town, o	ecounty)	e.	(State)	d.
W. W. Cha		SOI	ADDRESSRiv		ale, Md 24	TE JAN	_		TRAR'S SIGI			

Cleveland Ave

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# HTARGET PICENTIFICATE OF DEATH

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TO ATTENDED BUILDING

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

g. STATE

Maryland

Cheverly Manor, Md.

CERTIFICATE OF DEATH 1045

MARYLAND

c. LENGTH OF STAY IN 16

Rea. Dist. No

Prince Georges

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PLACE OF DEATH

Prince Georges County
b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

o. COUNTY

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physicion 72 attending please within the þ ony permit. ECTOR: After this certificate has been signed puo buriol-tronsit removol,

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TENDING PHYSICIAN: The the haspital or attending

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VS A15 (4) 15M 9/58

actual signature Wilham	Ressource M.D. 5			causes and an the date stated at city or town, stote)  Pade SI  Pade V
PHYSICIAN'S NAME (Type) William D. R	MD B	lader	shur	g , manyland
22g. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date THEREOF 1/29/60	22c. NAME OF CEMETERY OR CREMATORY  Ft Lincoln Cemete			City! town, or county (Stote)  Manor. Md.
23. FUNERAL DIRECTOR'S SIGNATURE  Gasch's Sons	ADDRESS Hyattsville Md.		8Y REGISTRAR	246. REGISTRAR'S SIGNATURE Cirilar S. Krauge

d. NAME OF HOSPITAL (If not in hospitol, give street address) ad. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X 3700 63rd Avenue Prince Georges General NAME OF DATE Middle Last Month Year DECEASED (Type ar print) Agnes Schultz DEATH 19 60 Helen IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days Hours DIVORCED | Feb 4. White WIDOWED [ Female YES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) Housewife own home Illinois US A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Long Agnes ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Schults Wm F. Same as No 2 none 18. CAUSE OF DEATH [Enter only one couse per line for (o) INTERVAL BETWEEN ONSEL AND DEATH (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY Haur a. m.

p. m. 21. I certify that I attended the deceased from

Doy, Year

Month.

of work at wark

20d. INJURY OCCURRED While Nat while

foctory, street, affice bldg., etc.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

(County)

25. 1960 that I last saw the deceased

(Stote)

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the, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.  **RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, premating.			B		
re word "pending" in pencil in Item 18. Giaca Examiner's Office along with form PM3.	ביים לא ווכוז מוופו ספטווו. וו מווץ מפוטץ וו	ve Pages 1, 2, and 3 to the funeral director. Page 4 should be	Page 5 may be retained for your files.	File pages 1 and 2 with the registrar prior to burial, premarian,	
te, writing the CTOR: Page	The state of the s	He, writing the ward "pending" in pencil in Item 18. Gi	Chief Medical Examiner's Office alang with farm PM3.	CTOR: Page 3 shauld be used as a burial-transit permit.	

TO DEPUTY Named Let EXA cute the certain defined to the Chief MTO FUNERAL DIRECTOR: Per ar removal.	2
VS. A15ME(5) 5M 9/55	3

1. PLACE OF DEATH 0. COUNTY Prince George	Is		MARYI								
b. CITY OR TOWN (If outsi and give nearest lown) Woodmore	de corporate limits, write l	RURAL C.	Yrs.	N 1b	c. CITY OR TOWN (III Woodmere	autside cor	porate limits, write	RURAL and	give ne	arest law	n)
Woodmore   9 Yrs   Woodmore   0 S   Wo	SIDENCE FARM? NO										
DECEASED		LEON		IAN	d. STREET ADDRESS  WOODMOTE Red  Last  4. DATE DEATH Jan.  ACT OF BIRTH Arch 2, 1926  11. BIRTHPLACE (State or foreign country) Maryland  4. MOTHER'S MAIDEN NAME LILLY JONES  DEAMANT C. Sellman Mitchellville, Md. (Father)  PREMANT Address  PREMANT ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  OF INJURY (Home, form, 120f. (City or town) OF INJURY (Home, form, 120f. (City or						
	IR TOWN (If evolds experies limit, write RURAL and give nearest lown)  INTERIOR OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not in hospital, give street address)  OF OCCUPATION (If not										
during most of working life	Giva kind of wark do b, even if retired)	_		NDUSTRY		ar fareign (	country)			WHAT	OUNTR
	s Sellman			1							
15. WAS DECEASED EVER II	U. S. ARMED FORG	(ES?   16. SOC	CIAL SECURITY NO.			man :	Mitchell's	rille,	Md.	(Fat	her
Canditions, if any, gave rise to immediate (a), staling the under cause last.	DUE TO which (b) cause (rlying)  DUE TO  COLUMN (c) (c)	Rup	ture of r	ight				/EN IN PART	1	PERFOR	SWEDS
20c. TIME OF INJURY Hour o.m.	Manth, Day, Year	20d. INJU While	RY OCCURRED 20	e. PLACE	OF INJURY (Hame, farm	n, i 20£. (Cit		(Cou		ES_4	
	took charge om: Notural co	of the rem	Accident [],	Suicio	de , Homicide	KAMINER C	ndetermined o	cause 🔲		DATE SI	
220. 8URIAL, CREMATION, REMOVAL (Specify)	1-6-190	50 L	NAME OF CEMETE	RY OR CI	REMATORY PROBLEM	2211100	TION City, town,	dre	e.	-)(Stoto)	L.
23. FUNERAL DIRECTOR'S SI	Resei	# (1)	MAC	, )	DATE A		_	STRAR'S SIG	1 .	E	

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MARYLAND STATE DEFARTMENT OF HEATTH-BALTIMORS, IN

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FUNERAL DIRECTOR: age 3 shauld be detoc

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

o. STATE

Rea. Dist. No.

corges

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	_

PLACE OF DEATH a. COUNTY Prince

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Cheverly d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION

White

Days

Middle

c. LENGTH OF STAY IN 1b

MARYLAND

Hyattsville. d. STREET ADDRESS

14. MOTHER'S MAIDEN NAME

Shirkey

Maryland

2631 Nicholson St.

e. IS RESIDENCE ON A FARM? YES NO NO

Year

19

60

Fred
6. COLOR OR RAC

during most of warking life, even if retired)

corres

Prince Georges General

7. MARRIED TE NEVER MARRIED WIDOWED |

B. DATE OF BIRTH DIVORCED [

last birthday) Jan 13 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

DEATH

4. DATE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years

b. COUNTY

Prince

Month

January

IF UNDER 1 YEAR IF UNDER 24 HRS Manths 12. CITIZEN OF WHAT COUNTRY?

	0	e	U	V
13.	FATHE	R'S	NA	MF

Male

NAME OF

DECEASED

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

INFORMANT

Address

Yes, no, or unknown)	Unknown) (If yes, give wor or dates of service)
100	metasant.

0 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).

INTERVAL BETWEEN

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate

couse (a), stoting the under-

lying cause lost.

DUE TO (b)

Doy,

**DUE TO** 

ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

PERFORMED? YES NO NO

20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY a. m.

Year 20d. INJURY OCCURRED While Nat while at wark at wark

20e. PLACE OF INJURY (Hame, form, 20f. (City or town) foctory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

(County) (State)

alive on

21. I certify that I attended the deceased fram

and that death occurred at 0:30P M, from the causes and an the date stated above. ADDRESS (Street, city, or town, state

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type) 22a. BURIAL, CREMATION.

DATE THEREOF

22c. NAMES OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State)

REMOVAL (Specify)

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

22b.

arthur S. Krays

16 1960 that I last saw the deceased

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1079 CERTIFICATE OF DEATH

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		Ker	g. Dist. No.
1. PLACE OF DEATH O. COUNTY ON PROPERTY NO.	2. USUAL RESIDENCE (Whe	b. COUNTY	exidence before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL/and give nearest lawn)	STAY IN 16 c. CITY OR TOWN (IF OU	Usered Stranger	and give nearest town)
d-NAME OF HOSPITAL (It not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS	1 Buy 217	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sessil Sisso	iddle Lost	4. DATE Month OF DEATH  ANUE	Day Year 1960
	DRCED   march 12/	8 80 9. AGE (In years lef U) Mor	NDER YEAR IF UNDER 24 HRS.  on this Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during right of working life, even if retired)	home Balling	1 1 h	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Sichard Hofking	14. MOTHER'S MAIDEN NA	le hannes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY  (Yes, no. or unknown)    If yes, give wor or dates of service     No h &	- In Hva Ses	se-wa Jense	I hed
18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laurely al	thrombors.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate	arlenoscheres	ifi	200,00
cause (a), stating the <u>under-lying cause last.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)			PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RY OCCURRED. (Enter nature of injury in Po	ort I or Port II of item 18.}	
20c. TIME OF INJURY Month, Day, Year Not While Not while of work of work of work 19	factory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from		M, fram the causes and	at I last saw the deceased
ACTUAL Pakert Shi Lyne	ROBE	RT S. MCU MEY M. (	DATE SIGNED
PHYSICIAN'S NAME (Type)		MATH ST. EL, MD.	
220. BURIAL, CREMATION, REMOVAL (Specify) 1-11-60 22c. NAME OF COLUMN OF COL	CEMETERY OR CREMATORY RELE TO CEM	22d. LOCATION (City, town, or cou	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Hartor	101	BY REGISTRAR 24b. REGISTRAR	'S SIGNATURE
The state of the s		mil Du Cott	J 8 W

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Reg. Dist. No.

)	1. P	LACE OF DEATH COUNTY Prince Ge	eorge's		M	ARYLAND	2. USUAL RESID			ed lived. If instit b. COUN			fare odm	ission)
		CITY OR TOWN ( ond give poorest few leverly	If outside corporate limits, write n)	RURAL	c. LENGTH OF ST	'AY IN 1b	c. CITY OR T	OWN (IF	autside corp	porate limits, write	RURAL o	nd give r	earest to	wn)
7			rat or institution (i				d. STREET AC		489				ON	ESIDENCE A FARM?
	- 5	NAME OF DECEASED Type or print) C	HARLES CO		SMITH Middle		Last		4. DATE OF DEATH	Jan.	h	1 Doy		60 g
	5. SI	ile	6. COLOR OR RACE White	7. MARRIE			ov.14,	1898		9. AGE (In years fait birthday) yrs.	Months	R TYEAR Days	IF UND Hours	ER 24 HRS. Min.
P	3 d	USUAL OCCUPATION OF WORK	ON (Give kind of work on glife, even if relired)		IND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLAC	CE (Slote	or foreign ç	ountry)		S.A.		COUNTRY
1	13.	FATHER'S NAME					14. MOTHER'S M	WIDEN N	IAME					
			narles H. Sn					Harr	ciet	n. Cobb				
		WAS DECEASED EV	/ER IN U. S. ARMED FOI	RCES? 16. S	77 05 064		W. Smit	th (S	son) S	ame as #				
		PART 1. DEA  Canditions, if c gave rise to imme (o), stating the	diale cause	Не	morrhage	and s	hock					ONSI	RVAL BETWIET AND DE	EEN ATH
	ATION	PART II. OT	) (c). HER SIGNIFICANT CONI	DITIONS CO	NTRIBUTING TO DE	EATH BUT NO	OT RELATED TO T	HE TERMI	NAL DISEASI	CONDITION GI	VEN IN PA	1		AUTOPSY ORMED?
,		20g. EXTERNAL CA PRIMARY LTG CO CAUSE OF DEATH. 20c. TIME OF INJU		Operator 20d, It	HOW INJURY OC ator of a NJURY OCCURRED	n aut	omobile	in c	ollisi	ion with				
0	- 1		January I,		rk at work		Ighway			rkirk	Pr.			Md.
		deoth resulted	hot I took charge									iry X		find tha
5		SIGNATURE	my 7	Mak	enery		M.D.		AMINER	• [7]			DAIE	ILONACO
-		EXAMINER'S NAME (Type)	John T. Mal	oney,	M.D.	636			EXAMINER T	-	nuary	1.	19	60
	220.	BURIAL, CREMATIC REMOVAL (Specify BUP1			nationa			°k.	22d. LOCA	ION (City, town,			(Sioi	0)
	23. 1	M Rick	SSIGNATURE	17]	ADDRESS L Mapel		ienna 2	Ad. REC'	D BY REGIST	RAR 24b. REG				

TO DEPUTY (CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is stary, please execute the ceil of the control of the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directions age 4 should be forwarded to the control of Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar remaval. VS. A15ME(5) 5M 9/55

MUSYUNDS STATE DEPARTMENT OF REALTH-STATYINGRIL, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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J within 24 hours after death. im, 18. Give Pages 1, 2. and ang with form PM3. Page 5

Office along

burial-transit

Chief Medical Examiner

3 riting

Page

designated

to the

State I death.

PLACE OF DEATH e. COUNTY Prince Georges

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Reg. Dist. No

b. CITY OR TOWN (If outside corporate limits, write RURAL

c. LENGTH OF STAY IN 16

Lakekand

1.877

. IS RESIDENCE

Lakeland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

6 years

d. STREET ADDRESS

ON A FARM? YES NO

1811 Navahoe Street 3. NAME OF DECEASED (Type or print)

Middle Roxanne

4. DATE DEATH

Navahoe

Month January

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Year 19 60

5. SEX

6. COLOR OR RACE 7. MARRIED NEVER MARRIED W B. DATE OF BIRTH Female

WIDOWED DIVORCED T

IF UNDER TYPAR 9. AGE ffn years IF UNDER 24 HRS. Months Doys

Hours

during most of working life, even if retired) none

none

Maryland 14. MOTHER'S MAIDEN NAME USA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Smith

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Willie Mae Potts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

IMMEDIATE CAUSE (o)

16. SOCIAL SECURITY NO. 17. INFORMANT

Address Betty Varnell Turner: same address as 3 2.

No

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Shock

DUE TO

Month, Day, Year

ONSET AND DEATH

Conditions, if ony, which gove rise to immediate come (a), stoting the underlying

DUF TO

1st., 2nd., and 3rd degree burns of body.

cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

PERFORMED? YES T NO K

200. EXTERNAL CAUSE WAS PRIMARY- or CONTRIBUTING CAUSE OF DEATH.

20c. TIME OF INJURY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)

Conflagration in home

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or lawn)

(County)

(State)

of work of work

factory, street, office bldg., etc.) Hame

Lakeland

Pr. Geo. Md.

21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry XX. opinion death resulted fram: Natural causes . Accident KX Suicide . Hamicide . Undetermined manner

and in my

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

DATE SIGNED

NAME (Type) John

T, Maloney, Md.

DEPUTY MEDICAL EXAMINER IX 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

1960 (Stole)

REMOVAL (Specify) Buria

ADDRESS

Muirkirk. 240. REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

246. REGISTRAR'S SIGNATURE

Maryland

January

execute the condition 4 should be forwarded TO FUNERAL DIRECTOR: VS. A15ME 5M 2/57

22g. BURIAL CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

W. Ernest Jarvis Co., Inc.

Circhar S. Thousa

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FIATE SON

**ADDRESS** 

72009

e. IS RESIDENCE

ON A FARM?

YES NO D

Year

19

Min.

Mr.e

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

WAS AUTOPSY

(State)

DATE SIGNED

(State)

PERFORMED? YES NO 🗷

Days

(County)

24b. REGISTRAR'S SIGNATURE

Orthun S. Kruss

24a. REC'D BY REGISTRAR

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

CHI NICE CO.		190 CENTRAL		
				Wallet House St.
		Transfer Statutes		
	A CONTRACTOR			
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MADY AMBROATATE

3 shauld be detached may be retained by FUNERAL DIRECTOR: prior registrar page 0

that the death certificate

VS A15 (4) 15M 9/58

077272XV6

NAME (Type) Dr. J. Francis Warren

22b. DATE THEREOF

ACTUAL

SIGNATURE PHYSICIAN'S

22a. BURIAL CREMATION.

23. EUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

BULLET (Specify)

Hyattsville, MAryland

22c. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cemeterv

Washington, D. C. 24g. REC'D BY REGISTRAR

WAshington D.C.

ADDRESS (Street, city or town, stote)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

JAN 1 4 '60

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(State)

DEVENTAGE STATISTICS OF THE a year control of the Lord of the control of the second control conference of the standard and the per volumes of the property of Fig. 1988 Level Evel Level . The configuration of the confi the first that the first a final is

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oge 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. ne registrar prior to burial, crematian, or remaval, and in any event within 72 hours ofter beath. urs ofter

may be retained by Cospital or attending physician.

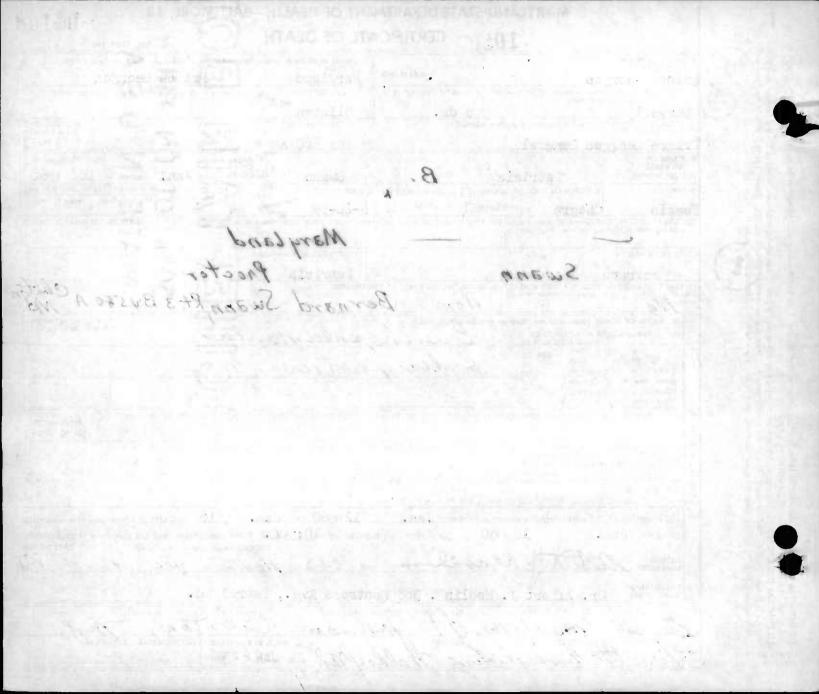
Defined a physician ond completely filled in by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please removeranted popers. Pages 1 and 2 sha NG PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs

TO HOSPITAL VS A1

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5 (4)	B
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2077181XV4

o. COUNTY Prince Georges b. CITY OR TOWN (If outside corporote limits, write RURAL ond give nearest town) Cheverly d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  o. STATE Mary 1  c. LENGTH OF STAY IN 1b c. CITY (Cheverly d. NAME OF HOSPITAL (If not in haspital, give street address) / d. STREET	DR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  C. CITY (C. LENGTH OF STAY IN 1b c. CITY (C. LENGTH OF STAY	DR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  d. STREE	
Desc.	e. IS RESIDENCE ON A FARM?
rince Georges General Box	580 A YES NO
NAME OF First Middle  DECEASED (Type or print) Patricia B. Swa	Lost 4. DATE Month Day Yeor OF DEATH Jan. 18 1960
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF E	lost birthday) Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
3. FATHER'S NAME 14. MOTH	ER'S MAIDEN NAME
	ricia froctor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. BERNANT (Yes. no. of anthony) (If yes, give war or dates of service)  Note: Berna	od Swann Rt. 3 Bys 80 A. Md
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET AND DEATH
3 444 × DUE TO  Conditions, if any, which gove rise to immediate pure to DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	rees
lying cause lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO [
	re of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while at work of work of the other of the other process.	
	60, to Jan. 18, 1960 that I last saw the decease
alive an Jan. 18, 1960 , and that death accurred	aLO:50AM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE albert, modern M.D. 3	88 plentes a Auc Laurel, m
PHYSICIAN'S NAME (Type) Dr. Albert J. Modlin . 388 Montrose	Ave., Laurel Md.
220. BLIRIAL, CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR Durial: 21/960	22d OCATION (City Jown, ar county) (State)
23. FUNERAL DIRECTOR'S AGNATURE  ADDRESS  ADDRESS	240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE JAN 2 2'60 Continue & Kroup



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**CERTIFICATE OF DEATH** 

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()	A.	1	U	J	

000	keg. Disi. 140.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Prince Georges	Md. Prince Georges
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hyattsville 1 124	40 Bladensburg
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2314 Wood berny St.	d. STREET ADDRESS  4406-53rd Place  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)  Bertha Ozella	Sykes 4. DATE Month Day Year OF DEATH ) IN WARY 28 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	1000.10, 1080 174 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY  Washington D.C. USA
Housewife.  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Franklin	Unobtainable
(Yes, no, or unknown)   Iff yes, give wor or dates of service) NO	rs. Allayne Perkins Bladensburg, Md
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  COVONAY	
420.0 DUE TO	
Conditions, if any, which gove rise to immediate (b) Arterioscles	rotic Heart Disease 12 year
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
600 A.1	LACE OF INJURY !Home, farm, 20f. (City or town) (County) (State
Hour O. 51.  While Not while to twork of work	octory, street, office bldg., etc.)
21. I certify that I attended the deceased from June /	7 , 1948, to Jan 28 , 1960, that I last saw the deceas
	a accurred at 1.25 PM, from the causes and on the date stated above
divident individual in	ADDRESS (Street, city or town, stote)  DATE SIGN
SIGNATURE W.H. Clements	MD 6001-35th Ave 1/29/
PHYSICIAN'S Dr. William H. Clements	Hyattsville, Md
270. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
burial 12/2/00 Prospect H	ill Cemetery Washington D.C.
3. FUNERAL DIRECTOR'S SIGNATURE CO 29 07 ADDRESS +	N TAT 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
The S. H. lines Co. 2901 14th St.	2 2 · Dare FEB 1 '60   Chilling S. Kings

er eath. Page 4 TO FUNERAL DIVECT.

Ifter this certificate has been signed by the attending physician and campletely filled in by 'n eral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cosban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 yours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs,

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TO HOSPITAL OF

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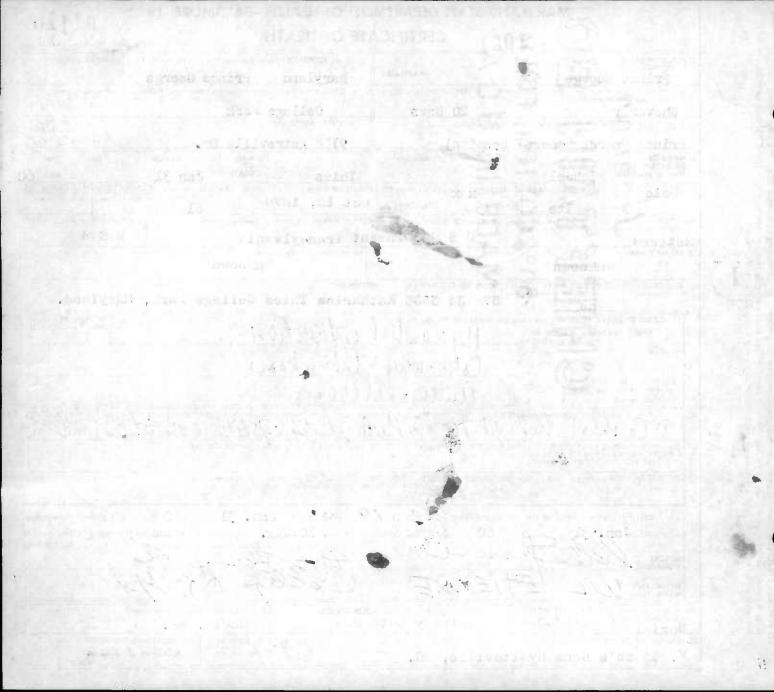
. PLACE OF DEATH		LUUI								
o. COUNTY Prince	George		MARYLA	A STATE	IDENCE (Where		d. If institution b. COUNTY		e before od	mission)
	(If outside corporate lim	nits, write c. L	ENGTH OF STAY IN	1 1b c. CITY OR	TOWN (If outs				ive nearest t	town)
Cheverly			20 Days	70 C	ollege	Park				
	ITAL (If nat in hospital,			d. STREET					e. 15	RESIDENCE N A FARM?
. 0	orge Genera	1 Hespi	tal	9108	Autrov	rille D	r			NO NO
3. NAME OF DECEASED (Type or print)		rst &	Middle	Thies	st 4	OF DEATH	Jan 3		Day	Yeor 19 60
5. SEMale	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			9. A	GE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS.
nazo	White	WIDOWED		10-4 10	, 1878	le	ost birthdoy) 81 yrs.	Months	Days Hou	urs Min.
log. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIND		INDUSTRY 11. BIRTHP	LACE (State or	foreign countr	V plan	12. CITIZ	EN OF WHA	AT COUNTRY?
	rking life, even if retired	d) U	S Gavere	nment Trai	nevlva	nia		U	SA	
Retired 3. FATHER'S NAME		-	-		S MAIDEN NA					
	Unknown			TA. MOTTER		nknown				
		norro la cons		INFORMANT			Add			
(Yes, no, or unknown)	ER IN U. S. ARMED FO   If yes, give war or dates of	service)		Katharina	Thies	Colle			rylan	d.
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO	0) H	(o), (b), and (c).]	ial infa	uctio.	1			ONSET A	ND DEATH
Conditions if	and which \		al Analy	1 this	mbear	10				
Conditions, if gave rise to cause (o), stating lying cause lost	ony, which (I mediate g the under-	b) (	ohonah lutehi o	y this acleur	mboai	is				
gave rise to cause (o), stating lying cause lost  PART II. 01	ony, which (I	b) (	/ -	oclehon wout not related to yelloughlin	ti au	AL DISEASE CO	orbition give	VEN IN PART	a PE	AS AUTOPSY REORMEDY NO
gave rise to cause (a), stating lying cause lost PART II. OI PART III.	ony, which (I mediate g the under-	DO (C)	RIBUTING TO DEAT	" INVENTALI	tis, cy	stitis	& phos	ven in part statile	a PE	KEOKMEDY
gave rise to cause (o), stating lying cause lost	Ony, which immediate of the under- of the un	POLITIONS CONT POLITIONS CONT 20b. DESCRIBE 20d. INJUR While	RIBUTING TO DEATH	yelonephin	of injury in For	stitis	of phos	statile	a PE	KEOKMEDY
gave rise to cause (a), stating lying cause lost PART II. OI PART III.	Ony, which immediate of the under- of the un	DO DESCRIBE 20d. INJUR While of work	HOW INJURY OCC	CHRED. (Enter noture Oe. PLACE OF INJURY factory, street, affice	of injury in For	15445 rt 1 or Port II o 20f. (City ar t	of phos	statile	YES Ounty)	(Stote)
gave rise to cause (a), stating lying cause lost PART II. OI PART III.	immediate g the under THER SIGNIFICAN CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye  hat I attended the	DO DESCRIBE 20d. INJUR While of work	HOW INJURY OCC	CHRED. (Enter noture Oe. PLACE OF INJURY factory, street, affice	tts, cy of injury in for (Home, form, ce bldg., etc.) O, to Ja 10215AN	20f. (City or the state of the	of plus fitter 18.)  awn) , 1560, causes an	that I last	ounty)  St saw the	(Stote)
gave rise to cause (a), stating lying cause lost PART II. OI PART III.	immediate g the under THER SIGNIFICAN CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye  hat I attended the	DO DESCRIBE 20d. INJUR While of work	HOW INJURY OCC	Ullinghin ORRED. (Enter noture 0e. PLACE OF INJURY factory, street, affice	tts, cy of injury in for (Home, form, ce bldg., etc.) O, to Ja 10215AN	20f. (City or t	of plus fitter 18.)  awn) , 1560, causes an	that I last	ounty)  St saw the	(Stote)
gave rise to cause (a), stating lying cause lost plant II. OI PART II. OI PART II. OI PART III.	immediate g the under THER SIGNIFICAN CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye  hat I attended the	DO DESCRIBE 20d. INJUR While of work	HOW INJURY OCC	Oe. PLACE OF INJURY factory, street, affice	tts, cy of injury in for (Home, form, ce bldg., etc.) O, to Ja 10215AN	20f. (City or the state of the	of plus fitter 18.)  awn) , 1560, causes an	that I last	ounty)  St saw the	(Stote)
gave rise to cause (a), stating lying cause lost PART II. OI PORT III. OI III. OI PORT III. OI IIII. OI III. OI II	AS UNDERLYING CAUSE OF DEATH  AS UNDERLYING CAUSE OF DEATH  AS UNDERLYING CONTROL  AS UNDER	POPULATIONS CONTINUES OF LOSS CONTINUES CONTINUES OF LOSS CONTINUES	HOW INJURY OCCURRED Not white of worth and that d	Oe. PLACE OF INJURY factory, street, affice M.D. HALLE OF INJURY factory.	(Home, form, re bldg., etc.)  O, to Ja  10245AN	20f. (City or the state of the	of plus of item 18.)  awn)  causes an city or town, of Icity, town, of Icity, town, or Icity, or Icity, town,	that I last d an the	ounty)  Sit saw the date sta	(Stote)
gave rise to cause (a), stating lying cause lost plant II. OI PART III. OI P	INFER SIGNIFICANT CON  AS UNDERLYING CAUSE OF DEATH  AS UNDERLYING CAUSE OF DEATH  AS MADERICAL EXAMINER)  AND CAUSE OF DEATH	POPULATIONS CONTINUE 20b. DESCRIBE While of work 12.60	HOW INJURY OCC  Y OCCURRED  Not while of wort  Tram  And that d	Oe. PLACE OF INJURY factory, street, affice M.D. HALLE OF INJURY factory.	tts, cy of injuty in For (Home, farm, te bldg., etc.)  O, to Ja 10215AN AC	20f. (City or the control of the con	of plus of item 18.)  awn)  causes an city or town, or to	that I last d an the	ounty)  Sit saw the date sta	(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with ne removal, and in any event within 72 hours ofter death. the registror prior TO HOSPITAL

VS A15 (4) 15M 9/58

ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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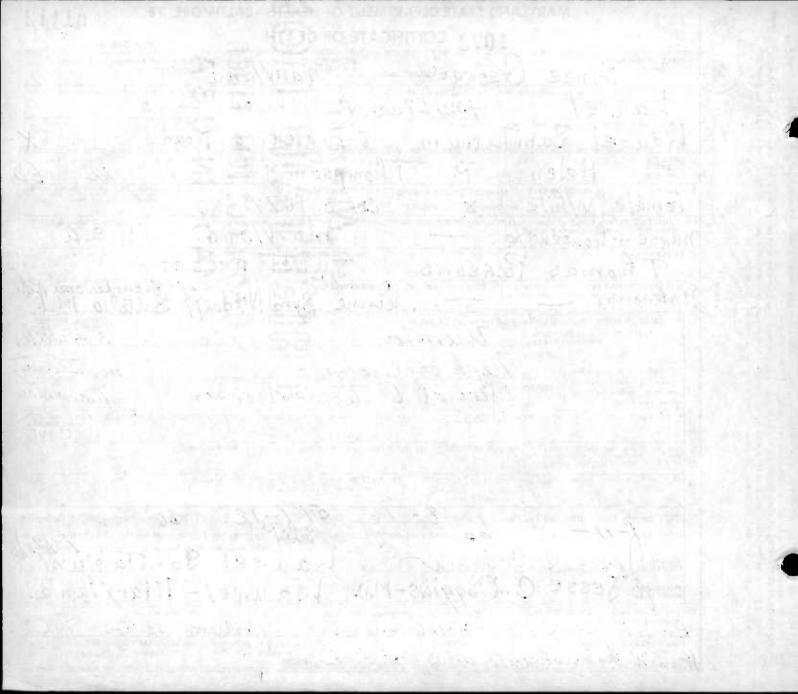
E MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	U.
04					Reg. Dist. No.

1. PLACE OF DE	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Pr. Geo.				
and give ne	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cheverly  D.O.A.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mitchellville				
	ospital or institution (	(If not in hospital, give street or all Hospital	oddress)	d. STREET ADDRESS	l, Box	121		e. IS RESIDENCE ON A FARM? YES A NO	
3. NAME OF DECEASED (Type or print	Franc			homas	4. DATE OF DEATH	Januar		19 60	
5. SEX Male	Col.		RCED 🔲	11-19-20	to	GE (In years at bighday) yrs,	Months Days	R IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCC during most o Far	UPATION (Give kind of work working life, even if retired)	done 10b. KIND OF BUSINES Farming	S OR INDUSTR	Maryla:	nd	7)		OF WHAT COUNTRY?	
13. FATHER'S N	ME			14. MOTHER'S MAIDEN	NAME Rosie	Brook			
15. WAS DECEA	SED EVER IN U. S. ARMED FO			rormant gnes Thomas	; same a	Address	as # 2		
gave rise (a), stating cause fast.	if any, which immediate cause the underlying DUE TO (c.	Gunshot wou	md of		bdomen	INDITION GIVE	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES 17 NO	
PRIMARY D CAUSE OF	AL CAUSE WAS OF CONTRIBUTING THE	Shot by a gu					erson.	I TO D	
20c. TIME C		or 20d. INJURY OCCURRE While Not while at work at work		E OF INJURY (Home, for try, street, office bldg., e Street	rm, 20f. (City or 1		(County) Geo	(State) Md•	
		causes , Accident			A TOTAL	ection 😿, termined co		, ond find that	
ACTUAL SIGNATURE EXAMINER NAME (Typ	John T.	Maloney, M.D.	7	_M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	CAL EXAMINER		nuary	DATE SIGNED	

VS. A15ME(5) 5M 9/55

or removal.

HIASO TO BEADEITS DO STRING DATE OF DEATH 0 CIL Catellana Land مر سر استان من المناسبة المناس . The rest to the following of the first and  certificote



## FOR STATE HEALTH DEPT.

or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

TO DEPUTY MAN AL EXAMINER: This certificate shauld be executed within 24 hours after death. If any deloy is a stary, please execute the case, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral corrector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baopa of Health.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1127 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01113 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) ent own.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Allentown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6711 Allentown Road	6711 Allentown Road  o. IS RESIDENCE ON A FARM? YES   NO M
3. NAME OF First Middle DECEASED (Type or print) DANIEL RICHARD	THORNE DATE Month Doy Yeor DEATH January 15, 1960.
5. SEX Male Mhite Moded Divorced Divorced	8. DATE OF BIRTH Feb. 28, 1902  9. AGE (In year)  IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Repair Ret. Service Statio	
13. FATHER'S NAME  **XILLADD Thorne**	14. MOTHER'S MAIDEN NAME Edith Buck
IYes, no. of unknown) I fit yes, give wor or dates of service!	informant Address firs. Dorothy A. Thorne, Same as # 2. Wife.
IMMEDIATE CAUSE (o) Acute Congestive  4.442 × DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO  (c)	ar Renal Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO X
	Enter nature of injury in Port I or Port II of item 18.}
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour o, m. 29 While Not while of work of twork of two the control of two the control of two	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abording opinion death resulted fram: Natural causes	
EXAMINER'S JAMES I. BOYD, M. D.  270. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER January 15, 1960.
Burial Jan-18-60 Washington Na	tional Cemetery Suitland, Maryland.
27. PUNERAL DIRECTOR'S SIGNATURE  1661-Good Hope  Washington 20 B	Boad S. B BATE JAN 1 8 '60 Cuttury S. Kings

Mill - 12 - 17 O Man Marotty A. Thorne, January 2. Ville and the present the comment of the contract of Jamily 25 | Smilt int | webtered that one the transfer | Smilt and | 122 chart. Town and the same well the Daries

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TO HOSPITAL

VS A15 (4) 15M 9/5B

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		PLACE OF DEATH	ine Ico	4 1 2 10	MA	ARYLAND	2. USUAL RESID	DENCE (Wh	ere deceased li	ved. If institution b. COUNTY	Prince	fare admi	ssian)
			f autside corparate lin	nits, write	c. LENGTH OF ST		c. CITY OR T	100	en de la	e limits, write RI	URAL and give	parest tow	, K
			AL (If nat in haspital,				d. STREET AI		6 2 red	Place		ON	SIDENCE A FARM?
		NAME OF DECEASED (Type ar print)	nance	irst	hou	*	Lisde	2	4. DATE OF DEATH	Man	th S	Day	Year 19 6.0
	5.	Female	6. COLOR OR RACE	7. MARRI WIDOWE	D DIVOR	RRIED CED	B. DATE OF BIRTH	, 19:	51 9.	AGE (In years last birthday)	Manths Days	-	T
	10a	during mast af wark	ON (Give kind of wark king life, even if retire	dane 10b. I	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL		or foreign caun	try)	12. CITIZEN	SA.	COUNTRY
1	13.	FATHER'S NAME	iem B.	Tio	del		14. MOTHER'S	MAIDEN N	iame	Farrot	10	n ne	
/		WAS DECEASED EVER	R IN U. S. ARMED FO  If yes, give war or dotes of	RCES? 16. Service)	SOCIAL SECURITY	NO.	NFORMANT	aren	te	Add	ess	5.03	
			TH [Enter anly and of TH WAS CAUSED BY: IMMEDIATE CAUSE	1	re for (a), (b), and	(c).]   KE	rectur	s c	mystx	leneli		TERVAL E	
		Canditians, if an		O (b)	and c	erebr	al ap	las	ia				
	_	cause (a), stating lying cause last.	the under- DUE To	(c)	Termina	lure	mede au	nd re	ghiahr	4 wheet	Lees .	4 hor	urs
0	CATION	PART II. OTH	IER SIGNIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THETERNA	NAL DISEASE C	ONDITION GIV	EN IN PART 1(a)	PERF	AUTOPSY ORMED?
	L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY	OCCURRE	D. (Enter nature of	injury in f	Part I ar Part II	af item 1B.)			
	MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Y 19	ear 20d. IN While at wark	Nat while at wark	20e. PL	ACE OF INJURY (F ctary, street, affice	Hame, farm bldg., etc.	, 20f. (City or	tawn)	(Caunt	y)	(State
	Ġ	21. I certify the	at I attended th	e decease	1 . 0	ly 2 at death	4 , 195/ occurred at₄		M. fram th		that I last so		
1		ACTUAL SIGNATURE	Thomas	4. 0	Printers	,	M.D. 69			et, city ar tawn,			TE SIGNE
1		PHYSICIAN'S NAME (Type)	HOMAS A.	CHRIS	TENSEN			Coel	ege Par	K, hu	land		
	220	BURIAL, CREMATIO	0	OF 60	FORT L	EMETERY O	1 . 12	EM.	BLAD	N (City, town,	R C- XA	(Sto	ate)
	23. V	FUNERAL DIRECTOR	s signature ribers 60	. Inc.	Rivercla	4. mo	aryland.	24a. REC'I			STRAR'S SIGNAT		

Proceed the Copper of the Park Haven John Fridge - 18 -The state of the s Which are the I am sale the Consented Brustian a Maskeria and leading and and Library A College of the College of William St. William Comment of the St. Company of the St. Comment of t

a leans as a good to be the same STATE OF STREET State of the first state of the CTAS HAVE A SERVICE TO THE TELEVISION AND INCOME. Contain or an arms for the con-

#### FOR STATE HEALTH DEPT.

TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a stary, please execute the concate, writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral fairector. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board-of, Health, at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIC CEDTIEICATE OF DEATH

1054 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY  2. USUAL RESIDENCE (Where decreed lives). If institution: Regidence before admission) o. STATE Waryland b. COUNTY 12 - COUNTY
b. CITY OR TOWN (If outlide corporate fimile rive BURAL on dive necrest town)  ond give necrest fown)  c. CITY OR TOWN (If outlide corporate fimile, write RURAL and give necrest town)  c. CITY OR TOWN (If outlide corporate fimile, write RURAL and give necrest town)
June of Hospital On Institution (If not in Espital, give street address)  d. STREET ADDRESS  4623 = Brushington of Street No.  NO. A FARM
3. NAME OF DECEASED (Type or print)  Nicho Denas - Walter Death Den 10 1960
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Whate Widowed Divorced Cet-16; 1885  9. AS In years lead birthday)  Widowed Divorced Divorced Widowed Widowed Divorced Divor
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY Chief Grand Federal Governor Ohio
13. FATHER'S NAME Thomas Walter 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no, or unknown) (You n
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LETTE CONGESTIVE PROBLEM (ACTUAL CONGESTIVE PROBLEM CONSET AND DEATH  ONSET AND DEATH
Conditions, if ony, which (b) Create premounts
(o), stating the underlying DUE TO couse lost. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
20c. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Fart 11 of item 18.)
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Not white Not white of work of the otwork
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection M. Inquiry M. ond in m opinion death resulted from: Notural couses M. Accident, Suicide, Homicide Undetermined monner
ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S JOHN T- MALONE , M.D. DEPUTY MEDICAL EXAMINER DE JON-11- 1966
Burial Jan 13, 1960 Arlington National 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE  F. Gasche Sons Hyattsville, Maryland.  ADDRESS  246. REC'D BY REGISTRAR'S SIGNATURE  ONLY S. FLORA  THAN 1 4 '60  ONLY S. FLORA  ONLY S.

NAME OF THE PARTY OF	SPICAL EXA JAMER'S CERTIFICATE OF DEATH	Mozna
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	The second second second second second	пре Знати .

Etelectusis Postmatur Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year Hour a. m.

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

factory, street, affice bldg., etc.)

at wark at work 21. I certify that I ottended the deceased from 1966 that I last saw the deceased , and that death accurred at 6.556 M, from the couses and on the date stated above.

ACTUAL SIGNATURE PHYSICIAN'S

5301 Hamilton St. Hyattsville, Md.

ADDRESS (Street, city or town, state)

Dr. John W. Perkins, M.D. NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) EMOVAL (Specify) Prince George's General Hospital, Cheverly. Md.

remation UNERAL DIRECTOR'S Harry WWPenn, Jr., Administrator.

While

24a. REC'D BY REGISTRAR MAN 2 2 160

24b. REGISTRAR'S SIGNATURE Osthur S. Throng

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(County)

15M 9/5B

may be retained by the TO FUNERAL DIRECTOR: VS A15 (4)

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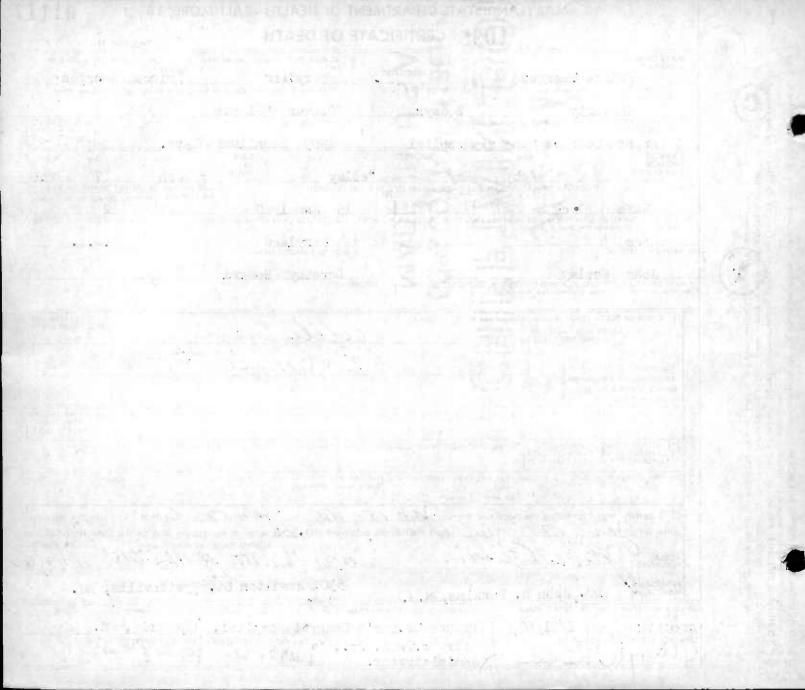
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Canch's you shattiville, M.

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Prince Georges Maryland b. COUNTY Pr. Georges o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly Chapel Oaks 7 yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5400 Prince Georges General Hospital Nash Street YES NO X NAME OF First Middle Last 4. DATE Month Year DECEASED Williams 19 Elsworth DEATH 60 (Type or print) George January 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years 5. SEX IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. colored WIDOWED | DIVORCED | 11-13-64 Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Janitor District of Columbia Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addison Williams Sarah Frank 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service 2323 17th St. N.W. Wash., D.C. No. Hattie 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Exhaustion IMMEDIATE CAUSE (o) DUE TO Cardiovascular renal disease Conditions, if ony, which ) gave rise to immediate cause DUF TO (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Senility NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while a. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry X, and find that Accident , Suicide , Homicide , death resulted fram: Natural causes 77, Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER! Jan. 19. 1959 NAME (Type) DEPUTY MEDICAL EXAMINER & John T. Maloney M.D 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria] Lincoln Memorial Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Carthur S. Thous 30 H Street, N.E. Cerotic L

0 VS. A15ME(5)

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		Common Common Common	m berroo la alun
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		ent daniele	The second second second second
	loonseld übyek endi	320123	
, T	Generalization con		trades . Later . Street
		1.3-10000	

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

death: Page

23. PUNERAL DIRECTOR'S SIGNATURE

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	CLIN COL TO 1 285 LOCAL			

e. IS RESIDENCE

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(State)

ON A FARM?

YES NO

Year

TOTAL CERTIFICATE OF PEATH SERVICE SORIES Picture sorres in the war land . . . THE PARTY PROBLEM IN COLUMN and the second s STATE OF THE STATE OF THE STATE OF THE STATE OF College Colleg 

death: Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1061 CERTIFICATE OF DEATH

Reg. Dist. No.

	nego biato itv.
1.	PLACE OF DEATH  o. COUNTY RINEE GEORGES MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE ARYLAND  b. COUNTY RINEE GEORGES
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  OSTRICE HEIST   C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  NOTICE HEIST   RURAL TEIGHTS
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR A FARM? YES NOW
3.	NAME OF First Middle Lost 4. DATE Month Doy Year OF DEATH Jan. 28, 1960
	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  1871  9. AGE (In years law by Inday)  WIDOWED DIVORCED DEC. 2 mg/ 1879  WIDOWED WIDOWED DIVORCED DI
	do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  AT HOME  Scot or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	JAMES GALLACHER (UNKNOWN) BROWN
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (II yea, give injuried of social of social of social of the second of social of the second
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
7	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.    Out to   Sexilary
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m.  P. m.  19  20d. INJURY OCCURRED While Not while of work of wo
	21. I certify that I attended the deceased from Jan., 19,50, to Jan. 24, 1960, that I last saw the deceased alive an Jan. 26, 1960, and that death accurred at 80. M, from the causes and an the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNATURE  SIGNATURE  M.D. 33300 Minus Co. 5.60 (-2 7 60)
L	PHYSICIAN'S BERNARD RATZEN M.D. 3550-Minus Conf. S.C. West. J.C.
22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county), (Stope) MD. SUITLANDED PR. G. S. C. M. SUITLANDED PR. G. S. C. M. D.
23	EUNIFRAL DIRECTOR'S SIGNATURE  W. CHAMBERS & - WASHINGTON DATE  240. RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE  ADDRESS  ADDRESS

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01123 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince George's b. COUNTY Pr. Geo's Co. Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OXON HILL Md. 4 Years 4-Oxon Hill, Maryland d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE 669- Bock ON A FARMS 5669- Bock Terrace S.E. Terrace S.E. YES NO NAME OF Middle 4. DATE Month Year DECEASED ZELL MARGARET A MISELLO Jan. 10th DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Months Doys White Sept. 8th 1912 Female WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic Washington. D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert C. Scott Katie C. Huhn 5. V. (Yes, no. No. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Joseph A. Zell Same as 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 170 X **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 YES NO DE 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) a. m. While Not while at wark ot wark Manual last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 10 13 alive an \_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL - Eve Street SIGNATURE PHYSICIAN'S erdider (ck DOMN NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Arlington National Cemetery Arlington, Va. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 1661- Goodpres Hope Rd. S.E. Washington 20, D.C. arthur S. Krans DATEJAN 1 3 '60

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